STATE OF MARYLAND

256. REGISTRAR'S SIGNATURE

DHMH - 16 50M 1/76 (VR A 15 (4))

24 FUNERAL DIRECTOR

William G. Kight Cumberland

"Introduction of the Community of the Labour."

William W. Might Cugoerland, . b.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 15 REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH 20 DATE KNOWN (TYPE OF PRINT) ESTI-87 DEATH MATED Lewis 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY) MONTHS DAY PRONOUNCED ,87 DEAD May 26, 1905 76. CITIZEN OF WHAT COUNTRY? Male IX White 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED W NEVER MARRIED FOREIGN COUNTRY) Maryland IN CITY OR TOWN OF DEATH Garrett WIDOWED DIVORCED 20 USUAL OCCUPATION (TYPE OF WORK 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Oakland Dispatcher Instrument Co. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3a STATE 113b. COUNTY 113c CITY OR TOWN 136 INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland NO [169 Main Street Garrett Grantsville 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST Boone Bertha Smallwood 160. WAS DECEASED EVER IN U.S. ARMED FORCES 166. SOCIAL SECURITY NO 17 INFORMANT 169 Main Street 212-05-6244 Louise K. Boone Grantsville, MD 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction 36 hours DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which (h) Myocardial Anoxia 36 hours gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF CHIEF MEDICAL EXA E USED AS A BURIAL T OF HEALTH AND ME URIAL, CREMATION, I lying cause last. Unknown Ischemic Heart Disease PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 Following the myocardial infarction, he pastained a cerebral vascular accid. 196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? RWARDED TO THE CHIEF TO PAGE 3 SHOULD BE USE STATE DEPARTMENT OF H 2 December 1987 Kbdominal Aortic Aneurysm YES [] 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 214 INJURY OCCURRED 21e PLACE OF INJURY TATHOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE NOT WHILE PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR, P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2 Inspection XX 22a I certify that I took charge of the remains described above, held an Autopsy and in my apinion death resulted fram: Natural causes X Accident Suicide Hamicide Undetermined manner TITLE (SPECIFY) DATE 3 Dec 87 Deputy MEDICAL EXAMINER EXAMINER'S NAME Herbert H. Leighton, M.D. 5th Sts., Oakland, MD 21550 23a.BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION

23c. NAME OF CEMETERY OR CREMATORY

Grantsville Cemetery

Grantsville.

Garrett,

who Davidson for

Burial

IL I JI IERAL DIRECTOR

DHMH - 17

(VR A15 ME (5))

11/6/87

Grantsville, MD

STATE OF MARYLAND

26 HOUR

9:45

2d HOUR

9:55

NO K

Flatwoods Cemetery

21550

Oakland, Maryland

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

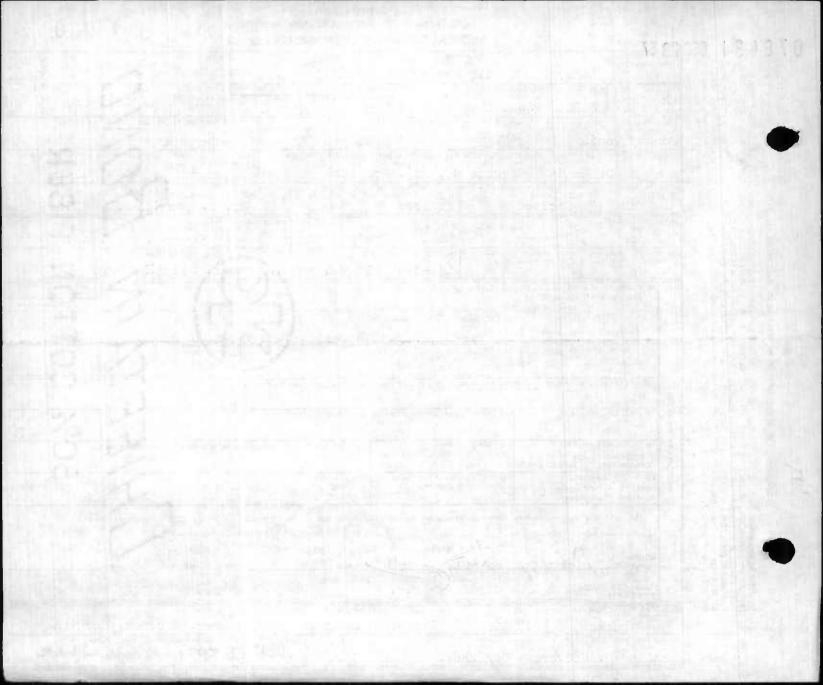
burial

Bradley A. Stewart

24. FUNERAL DIRECTOR

DHMH - 17

(VR A15 ME (5))



07466

Poge 4 moy be

executed within 24 hour

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital or attending physician.

BP

DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

10.8	FOR - STATE 7 REGISTRAR		DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	IENE / REG. NO.	5 7	7 9
	DECEASED NAME FIRST		MIDOLE	L	AST	20. DATE OF DEATH	Y YAO HTMC	EAR 2h HOUR
(14	YPE OR PRINT) Mildre	d Ra	chel	CAST	ILOW	December 2	, 1987	1005A
3. 5	SEX	4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTHO		
	Female	Whit	e	Feb.	16, 1920 YEAR	67	YRS.	DAYS HOURS M
70.	BIRTHPLACE (STATE OR FOREIGN COUNTRY) West Virginia	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9. BALTIMORE CITY OR Garrett		тн
5	Oak land	Garrett	COLINTY N	G HOME C	or other institution	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V Clerk	VORKING LIFE) INDU	IND OF BUSINESS STRY aramacy
5 130	SUAL RESIDENCE (IF NURSING HOME O 0. STATE 13b. COU Md. Gar	ROTHER INSTITUTION, NTY CETT	GIVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE CITY LIMITS? YES X NO	13. STREET ADDRESS 13 W. Liber	ty St.	21550
0 "	FATHER'S NAME William	MIDOLE	Lantz		15. MOTHER'S MAIDENNA Tronia	WIODIE	Kell	.ey
/ 160	I. WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? VE WAR OR OATES)	220-10-1		Mrs. Patrici	ADDRESS La Vitez, Uni	ontown,	PA.
7	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	(b) DUE TO, O	R AS A CONSEQUE R AS A CONSEQUE DITRIBUTING TO D	ENCE OF	NOT RELATED TO THE TERM	NINAL DISEASE OR CONDI	TION GIVEN IN P	POS 40
CERTIFICATION	19a DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		20b. IF YES, WERE IN CERTIFYING CA	FINDINGS USED AUSES OF DEATH?
		ATH HOUR A.		AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR P	ART 2)
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY OR TOWN	v con	NTY STATE
	220.1 certify that (I) (this hospital sow the deceased alive a obave, (I) (we) (did) (did A	oital) attended th	e deceased from	Ser	nd that in (my) (our opinion	death occurred on the date	nond hour and fro	, that (I) (ye)
	22b. SIGNATURE	ohm	~	Н	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA		DATE SIGNED
7	Dr. Thomas		, mD		311 N. Fourt	th St., oakla	and, MD	21550
230	BURIAL, CREMATION, REMOVA (SPECIFY) burial	23b. DATE 12/5			Co. Mem. Gds			
1	FUNERAL DIRECTOR Bradley A. Stewa	rt Oak	land, Mar	ryland	1 21550 PE	CO 9 1987	AEGIS RARLS	len flaten

DEC

by the funeral director, page 3

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

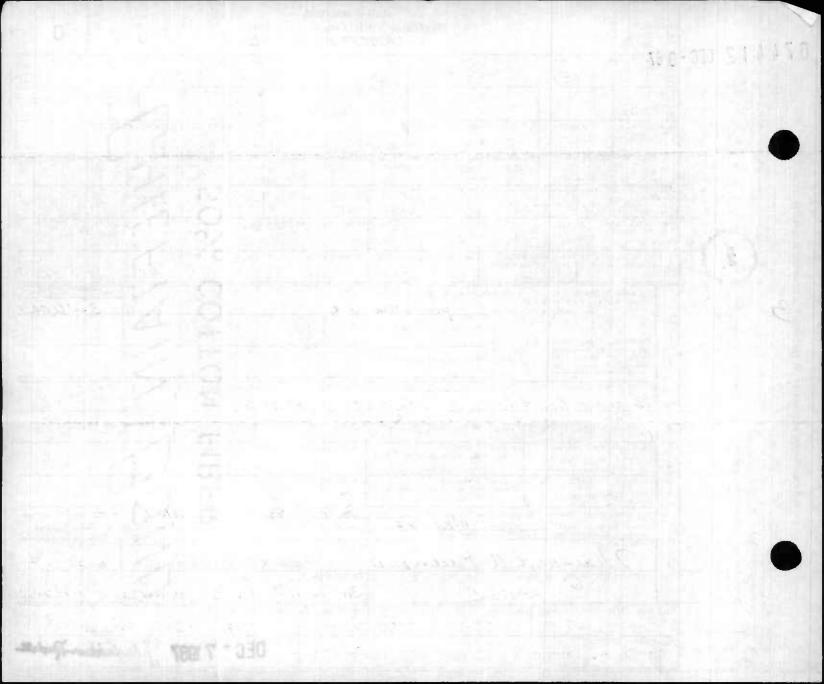
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	.5	5	1	0	O
REG.	NO.				

	1-	FOR STATE REGISTRAR	DEPA		EALTH AND MENTAL HYG	8 /	5 5	7 8	0
-	For	ASED NAME FIRST	WIDDLE	i	AST	REC 20. DATE OF DEAT	H MONTH D	DAY YEAR	2h HOUR
1	TAPE	OR PRINT) Mary	Pearl	Cha	ppell	Nov 27	1987		10:30 p
	3. SEX		4 RACE	5. DATE C		6. AGE IN YEARS LAS		IF UNDER 1 YEAR	IF UNDER 24 HRS
	F	emale	White	Feb		97		AUNTHS BAIS	HOURS MIN.
)	7a. Bil	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8		9. BALTIMORE CIT	Y OR COUNTY	OF DEATH	
5	(Alabama	USA	WIDOWE	D NEVER MARRIED *	Garı	rett, C	co.	MD.
5		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	RSING HOME C		120 USUAL OCCUP	PATION	126 KIND OF	BUSINESS OR
	A SHARE	itzmiller	Main St.			Clerica	al .	INDUSTRI	
d	Maj	ryldiid	VIY 13c CITY OR 1		136 INSIDE CITY LIMITS? YES AO	13e STREET ADDRE	SS / ZIP CODE	38	
I	14 FA	THER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NAM	ME	E	LAST	
	160 W	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIAL S	alker ECURITY NO.	Mary 17 INFORMANT	Ann		petts	
	No	YES, NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES)	4-3666	Dixie Wil	son K	itzmill	ler,Md	. 21538
1		18. CAUSE OF DEATH (Enter on	nly one couse per line for (o), (b					APPROXIM BETWEEN OF	NATE INTERVAL
		PART I. DEATH WAS CAUSE IMMEDIAT	ED BY: TE CAUSE (0) PN	cumo	nia			34	vechs
			DUE TO, OR AS A CONSE	QUENCE OF			-43		
		Canditians, if any, which gove rise to immediate	(b)						
1		couse (0), stating the underlying couse last.	DUE TO, OR AS A CONSE	QUENCE OF					
	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR C	ONDITION GIVE	N IN PART 110	
	CERTIFICATION	LONGRAS VE GREE	it fulure	, Spus	stic Coliti	200 AUTOPSY?	206 IF VEC	, WERE FINDING	OC USES
ğ	5	170 DATE OF CHERATION	6. CONDITION FOR WE	TICH ONERATIO	N WAS PERFORMED	4 6 6	IN CERTIFY	YING CAUSES C	OF DEATH?
Ц	E	210. ACCIDENT WAS UNDERLYING	1 21b. TIME OF INJURY		121. HOW BILLIAN OCCUPA	YES NO			NO 🗆
	1000000	OR CONTRIBUTING CAUSE OF DEA	LICHE A LA MONITUL	DAY YEAR	21c. HOW INJURY OCCURE	CED (ENTER NATURE OF	INJURY IN ITEM IS PA	RT OR PART 2	
Н	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M. 21e PLACE OF INJURY	19	211 LOCATION				
	ME	WHILE NOT WHILE AT WORK	AT HOME, STREET, FACTORY, OFF	FICE, FARM, ETC)	STREET	CITY C	OR TOWN	COUNTY	STATE
		220.1 certify that (1) (this haspi			8, 19 86	2, to	11/27/		hot (I) (we) lost
		sow the deceosed alive an obove, (I) (we) (did) (did no	ot) view the body after death.	19.47. or	nd that in (my) (our) opinion o	death occurred an th	e date and hour	ond from the co	ouses stoted
1		226. SIGNATURE	01/		DEGREE	uspis		22c. DATE S	IGNED
		Margue	ut a Kan	npo		MEDICAL DIRECTOR PH	STAFF YSICIAN []	11-2	9-87
		22d. PHYSICIAN'S NAME TYPE C	PRINT)		22e. ADDRESS	(-	m 1	(101
		/	KAISER		311 N 4 Th	StE 3	Que	land, 1	1421550
	- (SPECIFY)			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOW		COUNTY	STATE
		Burial	11-30-87	IOOF	Cemetery	Elk Ga		Minera	
1		INERAL DIRECTOR avid A. Burde	oak DO Pagor	\$ 22 v :	tzmiller Mo	FREC'D BY REGISTI	CAR 256 REGISTS	AR'S SIGNATU	REPROPER
	D.	avid A. Buld	JUN FU DOX	JZJ VI	CZIIITITEL MO	P	17	The state of the s	

DHMH - 16 60M 7/84

10 FUNERAL DIFECTOR, whould be detached for use with the State Dept. of Hea MINOSTANT. IF BE

(VRA 15, 4)



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death as

retained by the haspital or attending physicion.

BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

07

40 3

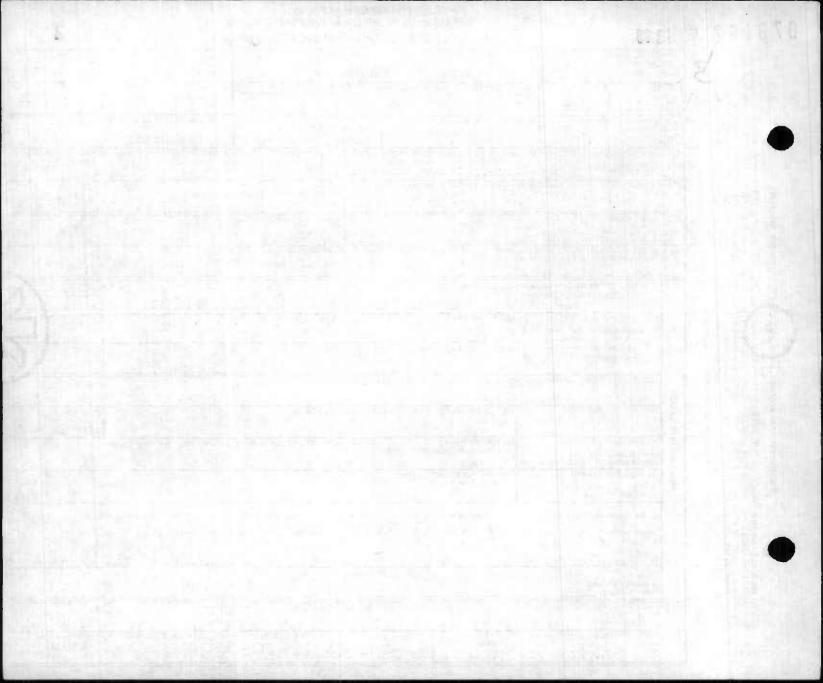
age 4 may be

	STATE OF MARYLAND
	DEPARTMENT OF HEALTH AND MENTAL HYGIE
D	CERTIFICATE OF DEATH

STATE OF MARTERIES						
RTMENT OF HEALTH AND MENTAL HYGIENE	-1	- 7	200	-7	52	- 1
CERTIFICATE OF DEATH	-	REG, NO.	2	1	0	1

		REGISTRAR			DUIN	CERTIF	HEALTH AND MENTAL HYG FICATE OF DEATH	8 7 REG. N	3	/	Ö	I,
C -B	· 0	EASED NAME	FIRST		MIDDLE		LAST	20. DATE OF DEATH		DAY	YEAR	26 HOUR
	(TYPE	OR PRINT)	Sally	Rebe	ecca	CODDING	GTON	November	26.	1987		1030
3	3. SE)			1, RACE		5. DATE O	OF BIRTH	6. AGE (IN YEARS LAST BI		IF UNDER		IF UNDER 2
		Female		Whi	ite	MONT	DAY YEAR	43		MONTHS	DAYS	HOURS
7		RTHPLACE (STATE OR	FOREIGN		WHAT COUNTR	RY? 8.	37 _	9. BALTIMORE CITY C	OR COUNT	Y OF DEA	ATH	
X	C	Ohio		US	SA	WIDOWE	ED NEVER MARRIED DIVORCED	Garre	t t			
T	10. CT	TY OR TOWN OF DE	ATH			SING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ЮN			BUSINES
		akland		Route	#2, Box	168		Secretary	OF WORKING		Chur	ch
4	USU A 130. S	AL RESIDENCE (IF NUR	136. COUN	OTHER INSTITUTION	13c. CITY OR TO		1136. INSIDE CITY LIMITS?	13e. STREET ADDRESS				
		MD	Garı	rett	Oakla		YES NO Z	Route #2,	Box	168	2	1550
1	4 FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME			LAST	
		Carl			Duckwo	rth	Deretta			Brenn		n
1		VAS DECEASED EVER			166. SOCIAL SE	ECURITY NO.	17. INFORMANT	ADDR	ESS			
/	(1	(ES, NO OR UNKNOWN)	(# YES, GIV	E WAR OR DATES	215-44	-9115	Ronald C. Coo	ddington, S	ee #1	3 abo	ove	
		18 CAUSE OF DEAT	H (Enter on	ly one couse pe	r line for (a) (b)	and (c)						NATE INTERV
		PART I. DEATH V	VAS CAUSE	D BY:	Respira	Your a	arrest				Sudd	
		Conditions, if any gave rise to im couse (a), statu	mediate ng the	(b)_	probal	QUENCE OF	sulmonary &	mbolism	,	5	Sudd	en
	7	gave rise to im cause (a), statu underlying cause	mediate ng the e last.	(b)	provider as a consecutive metas to	overce of arc	oulmonary & adero Carcinon		lung		ont ART III	
2	IFICATION	gave rise to im cause (a), statu underlying cause	mediate ng the e last. NIFICANT (DUE TO O	provider as a consection on tributing to	DUENCE OF ALL CO TO DEATH BUT		INAL DISEASE OR CON	IN CERT	IVEN IN P	Iont	hs GS USED OF DEATH
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	CERTIFIC	gove rise to im couse (0), statis underlying couse PART 2. OTHER SIG	mediate ng the e lost. NIFICANT C	DUE TO O	OR AS A CONSECTION OF THE PROPERTY OF THE PROP	QUENCE OF CO DEATH BUT	NOT RELATED TO THE TERM	200 AUTOPSY? YES NO M	IN CERT	IVEN IN PA	ART IIO	hs GS USED OF DEATH
		gove rise to im couse (0), statiu underlying couse PART 2. OTHER SIG 19a. DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MED	mediate ng the e lost. NIFICANT C ITION IDERLYING CAUSE OF DEA ICAL EXAMINER	DUE TO O	OR AS A CONSECTION OF THE PORT	QUENCE OF ATT O TO DEATH BUT	NOT RELATED TO THE TERM ON WAS PERFORMED 216 HOW INJURY OCCURI	200 AUTOPSY? YES NO M	IN CERT	IVEN IN PA	ART IIO	hs GS USED OF DEATH
1	MEDICAL CERTIFICATION	gove rise to im couse (0), statiu underlying couse PART 2. OTHER SIG 19a. DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MED 21d. INJURY OCCUR	mediate ng the e lost. NIFICANT C VION IDERLYING C CAUSE OF DEA ICAL EXAMINER IRED	DUE TO O	OR AS A CONSECTION OF THE PROPERTY OF THE PROP	DOUENCE OF ATTE OF TO DEATH BUT ICH OPERATION DAY YEAR	NOT RELATED TO THE TERM	200 AUTOPSY? YES NO M	IN CERT	IVEN IN PA	ART HO FINDING AUSES (hs GS USED OF DEATH
		gove rise to im couse (0), statiu underlying couse PART 2. OTHER SIG 19a. DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MED 21d. INJURY OCCUR	mediate ng the e lost. NIFICANT C VION IDERLYING CAUSE OF DEAL ICAL EXAMINER RED RK	DUE TO.O CONDITIONS C 19b. COND 19b. COND 19b. COND 21b. TIME C HOUR A 1 21c. PLACE (AI HOME ST	OR AS A CONSECTION OF INJURY OF INJURY OF INJURY OF INJURY REEL FACTORY, OFFICE The deceased from	QUENCE OF TO DEATH BUT TO DAY YEAR 19 CE, FARM, ETC.)	NOT RELATED TO THE TERM ON WAS PERFORMED 216 HOW INJURY OCCURI	200 AUTOPSY? YES NO A RED (ENTER NATURE OF INJU. CITY OR TO	IN CERT	IVEN IN P. ES, WERE IFYING C. YES COU	ART IIO FINDING AUSES (ART 2)	GS USED DF DEATH NO
1		gove rise to im couse (0), statiu underlying couse PART 2. OTHER SIG 19a. DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MED 21d. INJURY OCCUR WHILE AND WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MED 22a. I certify that 1	mediate ng the lost. NIFICANT C ATION IDERLYING C CAUSE OF DEA IICAL EXAMINER RED Onk This hospi	DUE TO O (c) 19b. COND 19b. COND 19b. COND 19b. COND 21b. TIME C HOUR A) 21e. PLACE (AI HOME ST	OR AS A CONSECTION OF INJURY OF INJURY OF INJURY REEL, FACTORY, OFFICE The deceosed from	QUENCE OF TO DEATH BUT TO DAY YEAR 19 CE, FARM, ETC.)	NOT RELATED TO THE TERM ON WAS PERFORMED 216 HOW INJURY OCCURI	200 AUTOPSY? YES NO A RED (ENTER NATURE OF INJU. CITY OR TO	IN CERT	IVEN IN P. ES, WERE IFYING C. YES COU	ART IIO FINDING AUSES (ART 2)	GS USED DF DEATH NO
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a mem v s morkeo o mem v	MEDICAL	gove rise to im couse (0), statiunderlying couse PART 2. OTHER SIG 19a. DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MED 21d. IN JURY OCCUR WHILE NOT WAS UN SOW the december of the country of the countr	INTERCENT CONTINUE CAUSE OF DEA	DUE TO. (c)	OR AS A CONSECTION OF INJURY OF INJURY M. MONTH M. OF INJURY REEL, FACTORY, OFFICE The deceosed from Softer death	DAY YEAR 19 CE, FARM, ETC)	216 HOW INJURY OCCURION STREET ATTENDING PHYSICIAN 22e. ADDRESS	200 AUTOPSY? YES NO M CITY OF TO MEDICAL STA DIRECTOR PHYSIC	IN CERT	IVEN IN P. ES, WERE IFYING C. YES COUIT COUIT 19 22c.	ART 110 FINDINIAUSES (ART 2) NIY T, till pom the c DATE S 11 - 2	GS USED GS USED DF DEATH NO STI COUNTY STI STI STI STI STI STI STI S
7	MEDICAL	gove rise to im couse (0), statiunderlying couse PART 2. OTHER SIG 19a. DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTHY MED 21d. INJURY OCCUR AT WORK NOTHY MED 22a. I certify that (1) Sow the decease obove (1) weel 22b. SIGN ANTRE 22d. PHYSICIAN'S N Dr. DO	INTERCENT CONTROL OF THE CONTROL OF	DUE TO. (c)	OR AS A CONSECTION ON TRIBUTING TO STRIBUTING TO STRIBUTIN	DAY YEAR 19 CE, FARM, ETC.)	216 HOW INJURY OCCURION STREET 211 LOCATION STREET 212 ADDRESS 311 N. FOULT	200 AUTOPSY? YES NO MEDICAL STANDIRECTOR PHYSICAL DIRECTOR PHYSICAL TO PHYSICAL	IN CERT	IVEN IN P. ES, WERE IFYING C. YES COUIT COUIT 19 22c.	ART IIO FINDING AUSES (ART 2) NIY T, till Dom the c.	GS USED GS USED DF DEATH NO STI COUNTY STI STI STI STI STI STI STI S
The state of the s	WEDICAL MEDICAL	gove rise to im couse (0), statiunderlying couse PART 2. OTHER SIG 19a. DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MED 21d. IN JURY OCCUR WHILE NOT WAS UN SOW the december of the country of the countr	MEDICAL EXAMINER TREED MISS OF DEA CAUSE	DUE TO. (c) CONDITIONS C 19b. COND 19b. COND 19b. COND 21b. TIME C HOUR A P 21e. PLACE (AI HOME. S1 1) view the body R PRINT) RICHTER 23b. DATE	OR AS A CONSECTION OF INJURY OF INJURY OF INJURY OF INJURY REEL FACTORY, OFFICE THE deceased from The	DAY YEAR 19 CE, FARM, ETC.) M. J. OI	216 HOW INJURY OCCURION STREET ATTENDING PHYSICIAN 22e. ADDRESS	200 AUTOPSY? YES NO A CITY OF TO MEDICAL STA DIRECTOR PHYSI 234 LOCATION CITY OF TOWN	IN CERT YOUNG IN	IVEN IN P. ES, WERE IFYING C. YES COUIT COUIT 19 22c.	ART 110 FINDING AUSES (CART 2) NIY AUSES (CART 2) NIY ART 2) ART 2)	GS USED GS USED DF DEATH NO STI COUNTY STI STI STI STI STI STI STI S

DEC 03 2007 Art. Edward Ave.



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

retained by the haspital or attending physician.

7580

8

within 24 hours after death. Page 4 may be

FOR STATE REGISTRAR

James F. Scarpelli, Cumberland, MD 21502

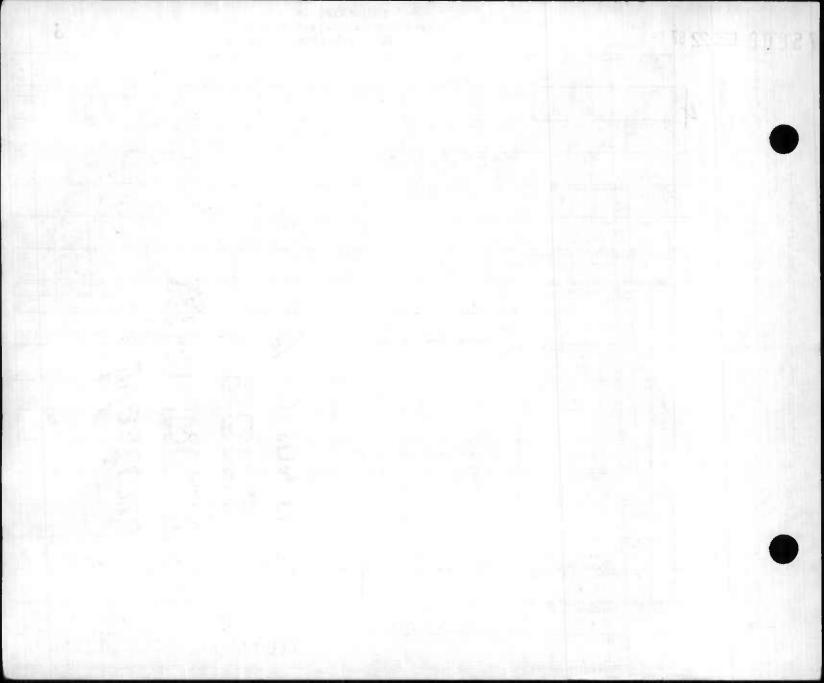
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH Ö

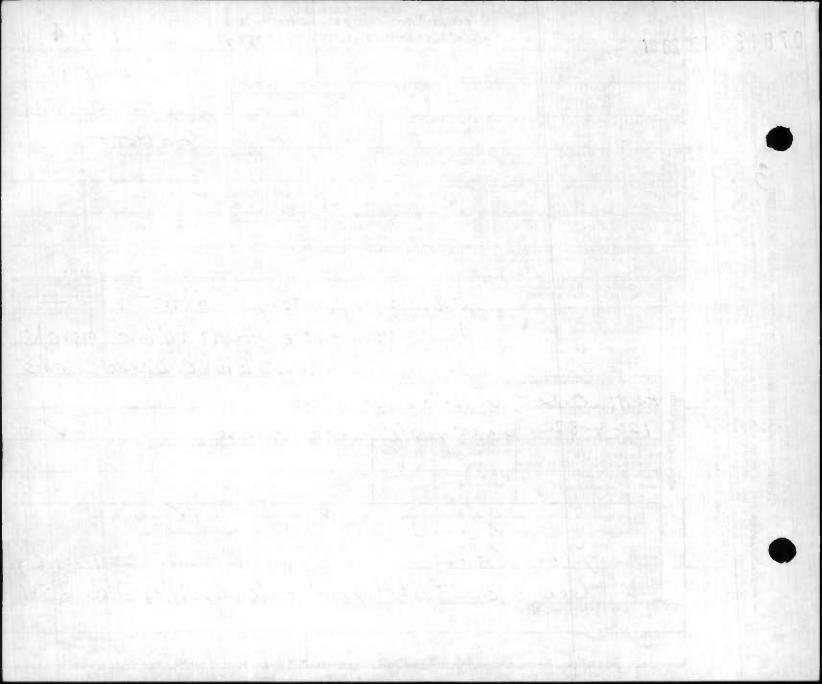
3 REG. NO. 3 5 7

	1. DECEASED NAME						20. DATE OF DEA			
	(TYPE OR PRINT)	Arle	у В.		Con	nbs		12	15 87	43
1	3. SEX		4. RACE	5	S. DATE OF BIR		6. AGE (IN YEARS L	AST BIRTHDAY)	MONTHS DATE	
1	male	2	whit	:e	MONTH 12-	-16-1906	8	30 YRS		HOURS
7	To BIRTHPLACE (ST.	ATE OR FOREIGN	76. CITIZEN OF WHA	T. COUNTRY2	l	MENER HARRIES []	9. BALTIMORE CI			
5	COUNTRY) PA		USA		MARRIED ∰	NEVER MARRIED	Garre	Et		
2	n city or town o	F DEATH	II. NAME OF HOSE	PITAL, NURSING	HOME OR OT		17a USUAL OCCU	NOST OF WORKING	LIFE) INDUSTR	
\preceq	-USUAL RESIDENCE	IF NURSING HOME OR		d Memori		pitai	retire	1	bd. o	f Educa
5	13a. STATE MD	136. COUN	TY 13c.	CITY OR TOWN LaVale	134	INSIDE CITY LIMITS?	13e. STREET ADDR Georges		Blvd/2	1502
11	14. FATHER'S NAME	onas Com	AIDDLE	LAST	15. A	AOTHER'S MAIDEN NA	me rtha Bear		ι	AST
4	Ing. WAS DECEASED			SOCIAL SECURI	ITY NO. 17 I	NFORMANT		DDRESS		
7	(YES, NO OR UNKNO		WAR OR DATES	217-10-4					MD	
10	no	1		217-10-2	403/ M	lrs. Elise	L. Combs,	Lavale		WITE
	18 CAUSE OF	DEATH (Enter on ATH WAS CAUSE	y one couse per line	for (a), (b), and ((c).1			1	BETWEE	ONSET AND
	Conditions, it gove rise to couse 101, underlying	immediate	(b) Pr	A CONSEQUEN A CONSEQUEN	rups	fured al	denumal	gnery	514	
2	gove rise to couse 101, underlying PART 2 OTHE	o immediate stating the couse last.	DUE TO, OR AS (c) ONDITIONS CONTI	A CONSEQUEN	ICEOF HENSI FATH BUT NOT	REPATED TO THE TERM	MCMUMY) AINAL DISEASE OR 200 AUTOPSY: YES \(\) NO	CONDITION C		INGS USED
7	PART 2 OTHER 190 DATE OF C	o immediate stating the couse last. R SIGNIFICANT COUPERATION VAS UNDERLYING G CAUSE OF DEA	DUE TO, OR AS (c) ONDITIONS CONTE 19b. CONDITION 21b. TIME OF IN. HOUR A.M.	A CONSEQUEN 4 POP RIBUTING TO DE 1 POR WHICH O	ACE/OF YEAR STORY	REPATED TO THE TERM	200 AUTOPSY	CONDITION CONDIT	GIVEN IN PART (ES, WERE FIND TIFYING CAUSE YES	INGS USED S OF DEAT NO
29	PART 2 OTHER PART 2 OTHER 190 DATE OF C OR CONTRIBUTION (IF EITHER, NOT) 21d. INJURY OF	o immediate stating the couse last. R SIGNIFICANT COUPERATION VAS UNDERLYING G CAUSE OF DEA	DUE TO, OR AS (c) ONDITIONS CONTI 19b. CONDITION 19b. TIME OF IN. HOUR A.M. P.M. 21e. PLACE OF IP.	A CONSEQUEN G PCI RIBUTING TO DE PCI N FOR WHICH O	ACE OF ACT OF AC	REPATED TO THE TERM THE TERM AS PERFORMED	200 AUTÖPSY: YES NO	CONDITION CONDIT	GIVEN IN PART (ES, WERE FIND TIFYING CAUSE YES	INGS USED S OF DEAT NO
29	PART 2 OTHER PART 2 OTHER 190 DATE OF CONTRIBUTION (IF EITHER, NOT) 210. ACCIDENT WORK CONTRIBUTION (IF EITHER, NOT) 210. ACCIDENT WORK CONTRIBUTION (IF EITHER, NOT) 210. ACCIDENT WORK CONTRIBUTION 210. ACCIDENT WORK 210. ACCIDENT WORK	PERATION AS UNDERLYING COURSE CAUSE OF DEA FY MEDICAL EXAMINER CCURRED NOT WHILE AT WORK	DUE TO, OR AS (c) ONDITIONS CONTE 19b. CONDITION 19b. CONDITION A.M. P.M. 21c. PLACE OF IR (AT HOME, STREET, F	A CONSEQUEN A CON	ACE/OF ACE/OF ATH BUT NOT OPERATION WA YEAR 19 211 IM.ETC) 211	REPATED TO THE TERM AS PERFORMED HOW INJURY OCCUR LOCATION	200 AUTÓPSY: YES NO RED (ENTER NATURE C	CONDITION CONDITION CONDITION CONDITION CER	COUNTY	NO SI
29	PART 2 OTHER PART 2 OTHER 190 DATE OF CONTRIBUTION (IF EITHER, NOT) 210. ACCIDENT WORK CONTRIBUTION (IF EITHER, NOT) 210. ACCIDENT WORK CONTRIBUTION (IF EITHER, NOT) 210. ACCIDENT WORK CONTRIBUTION 210. ACCIDENT WORK 210. ACCIDENT WORK	Department of the course lost. R SIGNIFICANT OF THE COURSE LOST OF THE COURSE OF DEAD OF THE COURSE	ONDITIONS CONTE	A CONSEQUEN A CON	ACE/OF ACE/OF ATH BUT NOT OPERATION WA YEAR 19 211 IM.ETC) 211	REPATED TO THE TERM AS PERFORMED HOW INJURY OCCUR LOCATION STREET 19 of in (my) (our) opinion	200 AUTÓPSY: YES NO RED (ENTER NATURE C	CONDITION CO. 20b. IF Y IN CER 1	(ES, WERE FIND TIFYING CAUSE YES (OUNTY)	INGS USED S OF DEAT NO SI
29	PART 2 OTHER 190 DATE OF C 210. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOT) 210. INJURY OF WHILE AT WORK 270.1 certify 11	Department of the course lost. R SIGNIFICANT OF THE COURSE LOST OF THE COURSE OF DEAD OF THE COURSE	ONDITIONS CONTE	A CONSEQUEN A CON	ATH BUT NOT YEAR 19 211 Ond the	REPATED TO THE TERM AS PERFORMED HOW INJURY OCCUR LOCATION STREET 19 of in (my) (our) opinion EEE ATTENDING	200 AUTOPSY: YES NO RED (ENTERNATURE C	CONDITION CO. 20b. IF Y IN CER 1	(ES, WERE FIND TIFYING CAUSE YES (OUNTY)	NO SI
29	PART 2 OTHER PART 2 OTHER 19a DATE OF C 19a DATE OF C 21a ACCIDENT W OR CONIRRIBUTIN (IF EITHER, NOT) 21d. INJURY OF WHILE AT WORK 22a. I certify 11 23a BURIAL, CREMAN (SPECIET)	DEFINITION AS UNDERLYING COURED COURED NOT WHILE AT WORK NOT (I) (this hospit COURTED NOT WHILE AT WORK NOT (I) (this hospit COURTED NOT WHILE AT WORK NOT (II) (this hospit COURTED NOT WHILE AT WORK NOT (II) (this hospit COURTED NOT WHILE NOT W	ONDITIONS CONTE	A CONSEQUENT PLANT OF THE PLANT	YEAR 19 211 JOHN MARTIN MARTI	REPATED TO THE TERA CLULUM C AS PERFORMED HOW INJURY OCCUR LOCATION STREET 19 of in (my) (our) opinion EEE ATTENDING PHYSICIAN	200 AUTOPSY: YES NO RED (ENTERNATURE C	CONDITION CO. 20b. IF Y IN CER 1 OR TOWN STAFF HYSICIAN	(ES, WERE FIND TIFYING CAUSE YES (OUNTY)	INGS USED

DHMH - 16 50M 1/81 (VRA 15, 4)

BP





(VR A15 ME (5))

END TO CT ST FAME dasama

BP.

DHMH - 16 50M 1/B1 (VRA 15, 4)

IMPORTANT: If them 21 is marked ar them 18 shows any injury, ar ather traumatic event, the medical

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EMT		10	ue	41	TH		un	ME	uT.	41	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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2	- 6	- 0	-

	1-	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL H	YGIENE 7	REG. NO.	5 7	8 6	
E	IPEC	CEASED NAME OR PRINT)	FIRST	,	AIDDLE	L	A5T	2e. DATE O	F DEATH MONTH	DAY YEAR	2b. H	HOUR
1	litre	Pa	asqua!	le	I	FISCHE	ETTI	Nov	ember 25,	1987	7	46A 'M
ı	3. SEX			4. RACE		S. DATE C		6. AGE (IN	YEARS LAST BIRTHDAY)	MONTHS DA		NDER 24 HRS
ı		Male	144	White		Sept.	. 26, 1926		61 YR		13 1100	n.s min.
1	7a. B1F	RTHPLACE (STATE OR I	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	S.	D NEVER MARRIED	9. BALTIMO	ORE CITY OR COUN	NTY OF DEATH		
ı		w York	100	U	SA	WIDOWE			arrett			MD.
,	10. CI	TY OR TOWN OF DEA	ATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION		OCCUPATION RK FOR MOST OF WORKIN			SINESS OR
		Oakland		Garrett	County N	Memor	ial Hospital		r/Operato			ufact.
-	USUA 130. S	L RESIDENCE (IF NURS	13b. COUN	OTHER INSTITUTION,	GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS	13e. STREET	ADDRESS			
		MD		rett	Oakland		YES NO		N. Twelft	h Stree	t 2	1550
V	14. FA	THER'S NAME		WIDDLE	LAST		15. MOTHER'S MAIDEN	NAME	WIDDIE		LAST	
A		Rocco			Fischet		Mary			Sant	oro	
		AS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT		ADDRESS			
ı		Yes		W II	339-24-9	9716	Mrs. Chris	tine Fi	schetti,			
		18. CAUSE OF DEAT	H (Enter or	ly one couse per	line for (a), (b) an	d (c).)	1- 6	1 0		BETWE	EN ONSET	AND DEATH
1		PARTI. DEATH W		TE CAUSE (o)		15NG	the La	100		1 2	M	
1		150		DUE TO, O	R AS A CONSEQUE	MAE OF	He wal	1An Ac	mos (us)	1 2	My	
ı		Conditions, if ony, gove rise to imp	, which	(b)		1100	100000	1100		0,1		,
ı		couse (a), statir underlying couse	ng the	DUE TO, O	R AS A CONSEQUE	NCE OF	HASHA			(1	VS	
-		DARK D CYLISP CIC	MIEICANIT.	(c)	NATED BUILDING TO	DE A THE BLIT	NOT BELLATED TO THE TE	DAAINIAI DISEA	SE OR CONDITION	CIN/ENLINI DADI	The	
	Z	PART 2. OTHER SIGN	NIFICANI	CONDITIONS	DNIKIBUTING TO	DEATH BUT	NOT RELATED TO THE TE	KMINAL DISEA	SE OR CONDITION	GIVEN IN PARI	110	
9	CERTIFICATION	19a DATE OF OPERA	TION	19b. COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20e AUT		YES, WERE FIN		
1	IFIC							YES 🗍	NOK)	RTIFYING CAUS		DEATH?
đ	CER	210. ACCIDENT WAS UNI	-	11010 4		ueva	21c HOW INJURY OCC	URRED (ENTERN	ATURE OF INJURY IN ITEM	IS PART I OR PART	2)	
1		OR CONTRIBUTING		AIH	M. MONTH DA	AY YEAR	Mark Mark					
	MEDICAL	21d. INJURY OCCUR		21e PLACE	OF INJURY		211 LOCATION		CITY OR TOWN	COUNTY	17-16-1	STATE
	W	AT WORK NOT WE	MILE D	(AT HOME, ST	TEET, FACTORY, OFFICE, F	ARM, EIC)			.11.			
		22s.1 certify that (I)	(this bosp	tol) offended th	e deceosed from_	1	US-0519	, to	1125	. 19 6	_, that {	(I) (ye) last
		saw the decease above, (1) (we) (ed olive on did) (aid no	t) view the body	offer death 9-		nd that in (my) (96r) opini	an death occurr	red on the date and			
		226. SIGNATURE		111			DEGREE ATTENDING	MEDICAL	STAFF	220, 9	ATE SIGN	ED
				1		-	PHYSICIAN	DIRECTO	R PHYSICIAN	111	211	0
		22d PHYSICIAN'S N.					22e ADDRESS					
		· · · · · · · · · · · · · · · · · · ·		Johnson,			311 North			and, MD	21	550
		URIAL, CREMATION,					EMETERY OR CREMATOR	CII	TY OR TOWN	COUNTY	19.0	STATE
	24 5	buria	al	11/28	/8/ Gan	rrett	Co. Mem. Ga		Oakland,			ryland
		INERAL DIRECTOR	Charra	at Oct	land, Ma	vulor.	1	EC A 7	REGISTRAR 256. REG	P 0.	ATURE	
	Dr	adley A.	scewa.	it bak	ranu, Ma	ryram	71220	E6 03	1301 Hulia	Designes	· Card	MA STATE OF THE ST

DEC 03 1987 for Education

STATE OF MARYLAND

	1	500				OF MARYLAND			
76 DE	L	STATE REDISTRAR		DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	8 7 S 5	7 3	7
		CEASED NAME FIRS	1	MIDDLE	t.	AST	20. DATE OF DEATH MONTH	DAY YEAR	25 HOUR
to the	(14b)	Clar	ence I	Hamil	FRANT	Z	//	23 87	7-504
	3. SE		4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HR
		Male	White		May	14, 1908 YEAR	79 vps	MONTHS DAYS	HOURS MIN
0/1	7a. B	RTHPLACE (STATE OF FOREIG	76. CITIZEN O	F WHAT COUNTRY?	1		9 BALTIMORE CITY OR COUNT	Y OF DEATH	
1		ryland	I	JSA	WIDOWE	DINEVER MARRIED	Garrett		
2	_	TY OR TOWN OF DEATH	II. NAME O	F HOSPITAL, NURSI	NG HOME C	R OTHER INSTITUTION	12a. USUAL OCCUPATION	126 KIND O	F BUSINESS O
105	1	Oakland		UCH FACILITY, GIVE STREET		ial Hospital	(TYPE OF WORK FOR MOST OF WORKING) Mechanic		Nat. F
200	ÚSU	AL RESIDENCE (IF NURSING HO	ME OR OTHER INSTITUTIO	N. GIVE RESIDENCE BEFOR	E ADMISSION)			IN	MATICAL
A "	130.		reston	Terra Al		131. INSIDE CITY LIMITS?	P.O. Box 62	2676	5477
27.00	DEF.	THER'S NAME	rescon	Terra mi	····	15. MOTHER'S MAIDEN NAM		2010	
13	1	Elijah	MIDDLE	Frantz		Martha	WIDDLE	Hoff	1
0	16a. \	VAS DECEASED EVER IN U.	S. ARMED FORCES		JRITY NO.	17 INFORMANT	ADDRESS	11011	
12			ES, GIVE WAR OR DATES)	217-09-		Mrs Millio	Moats, Terra Alt	777	26764
2	-			-		MIS. MITTLE	noats, Terra Art		MATE INTERVAL ONSET AND DEA
i but		18 CAUSE OF DEATH (En	AUSED BY:	er line for (a), (b), or	S.L.	Name Pull	Messery desare	P Year	
		IMMI	DIATE CAUSE (0)_	Ella.	siage	CHIOTOC ICIT	acrony cases	2 Ica	13
mat		e to a co		OR AS A CONSEQU		Coll ancer	of the horas	Mon	the
- 0	1	Canditions, if ony, which gove rise to immedia	le	Squai		CREE CINCEL	01 1001010	1.011	CIIO
the		couse (o), stoting the underlying cause last		OR AS CONSEQU	A		O	0.51	
ě.		DART 2 OTHER SIGNIEIC	(c) (c)			NOT BELATED TO THE TERM	NAL DISEASE OR CONDITION G	IVENI INI DADT 1/-	
don	z	DICE TO LOCAL	hava .	11-11-4	e //	Immunil P	A LEISE ASE ON CONDITION G	VEN AN PART TIC	,
17	Ě	190 DATE OF OPERATION	196. CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. IF Y	ES, WERE FINDIN	NGS USED
1/	CERTIFICATION							IFYING CAUSES	OF DEATH?
3/	1 2	21a. ACCIDENT WAS UNDERLYIN	IG 216. TIME	OF INJURY		21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 18		110
14		OR CONTRIBUTING CAUSE	OF DEATH HOUR	A.M. MONTH D					
1/	MEDICAL	(IF EITHER NOTIFY MEDICAL EX.		P.M. E OF INJURY	19	211 LOCATION			
pe	M.	WHILE NOT WHILE [LAT HOME	STREET, FACTORY, OFFICE.	FARM, ETC.)	STREET	CITY OR TOWN	COUNTY	STATE
D.		22a.1 certify that (I) (this		the decensed from	11/	22 10 87	10 11/23	10 87	that (I) (we)
2		sow the deceased ali			87 an	, 17	deoth occurred on the date and ha		
1		22b. SIGN ALUIF	nat) view the boo	dy after death.		DEGREE		22c DATE	
-	1	Mult	1	· Anne)	ATTENDING A	MEDICAL STAFF	11/	22/0
+	1	22d. PHYSICIAN'S NAME	THE PRINT	Wood		PHYSICIAN 222e. ADDRESS	DIRECTOR PHYSICIAN	1 1/1	25/8
1 8				MD			unah Arra Mt I	oleo Domi	l. MD
1	-	Dr. Mark					urgh Ave., Mt. I	ake Pari	K, MD
1		BURIAL, CREMATION, REMO				EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
	24.5	burial	. 11/2	25/87 Sa	ing Ku	n Cemetery	McHenry, Gari	ett, M	arylan
ВІ		UNERAL DIRECTOR		ADDRESS		nen nen	E REC'D. BY REGISTRAR 256 REGIS	TRAR'S SIGNAT	URE
	B	radley A. Ste	ewart 0	akland, Ma	arylan	d 21550	04 BOI (1)	minosa-No	

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0EC 02 K.S. D. C.

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STATE	OF	MARYLAND	
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REG. NO.	5	7	ठे	8
REG. NO.				

1 -	STATE REGISTRAR			DEP	CERTI	FICATE OF DEATH	B / REG. N	3 5	7 8	8
. DE	CEASED NAME	FIRST		MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY	YEAR 2	2b. HOUR
TYPE	OR PRINT)	Henri	ietta	C.		Garner	11-23-8	11/23/	87	10:00 PM
87			4. RACE		5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BI			IF UNDER 24 HM
100	male		Talle i	+-	10 / C	3/1908	70		ITHS DATS	HOURS MIN.
	RTHPLACE (STATE C	OR FOREIGN	76 CITIZEN OF		ITRY? 8.		78	YRS. OR COUNTY OF	FDEATH	
	COUNTRY)					D NEVER MARRIED				
PA	Y OR TOWN OF D	EATH	USA		WIDOW	DIVORCED DIVORCED	Gari	rett Col		MD.
	IN OR TOWN OF D	EMIN		CH FACILITY, GIVE		OR OTHER INSTITUTION	[TYPE OF WORK FOR MOST		INDUSTRY	BUSINESS OR
	kland		Garrett	Co. M	emorial	Hospital	Homemaker		Own	Home
130. S	AL RESIDENCE (IF NO	ITSING HOME OF		13c. CITY OR		113d INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ ZIP CODE		
Ма	rvland	Garr		McHen		YES NO W	Route 1,		A 21	541
	ATHER'S NAME					15. MOTHER'S MAIDEN NA	ME			
1	FIRST		MIDDLE	(AS	-	FIRST	AIDDLE		LAST	
UO.	NAS DECEASED EVE	PINITS AF	PMED FORCES?		rles SECURITY NO.	Ida 17. INFORMANT	2 O O ADDR	F&S		
	YES, NO OR UNKNOWN)		VE WAR OR DATES)	TOD. SOCIAL	SECORITI NO.	II. II OKMAI		Orbit F		
No	4			265-0	1-2179	James H. Gar	ner Gaithe	ersburg,		20879
	18 CAUSE OF DEA	ATH (Enter or	nly one cause pe	r line far 193, (1	b), and (c)	,	1		BETWEEN ON	ATE INTERVAL NSET AND DEATH
	PART I. DEATH		TE CAUSE (a)	(0)	Wdior	espirators	AVVES	Y	_	
	100000		DUE TO C	DP AS A CONS	SEQUENCE OF			1		
	Canditians, if an	v. which	(, ,)	W	PHACTAT	tic Carolla	mag at 1	Sawel	24	15.
	gave rise to in	mmediate)						1	
	underlying cau		DUE TO, C	OR AS A CONS	SEQUENCE OF					
	DART 2 OTHER SH	CAUCICANIT	(5)	ON ITRIBUTION	TO DEATH BUI	NOT RELATED TO THE TERM	NAME OF STREET OF STREET	IDITION CREE	IN L DARY 1	
NO	PART 2. OTHER SI	GNIFICANT	CONDITIONS C	ONTRIBUTING	3 IQ DEATH BU	I NOT RELATED TO THE TERM	IINAL DISEASE OR COM	IDITION GIVEN	IN PART ITO	
CERTIFICATION	190 DATE OF OPER	MOITA	19h CONE	ITION FOR W	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b IF YES, V	VERE FINDING	GS USED
Ħ							VES CI NOCI	IN CERTIFYIN	NG CAUSES C	OF DEATH?
ERT	210. ACCIDENT WAS L	INDERLYING F	21h TIME 6	OF INJURY		21c. HOW INJURY OCCURE	YES NO			140 []
	OR CONTRIBUTING	_	110110		H DAY YEAR	THE HOW INSORT OCCORP	LENIER NATURE OF INJ	JRT IN HEM ID PARI	OR PART 2)	
CA	(IF EITHER, NOTIFY ME	DICAL EXAMINE	R) F	P.M.	19					
MEDICAL	21d INJURY OCCU			OF INJURY	FFICE, FARM, ETC)	211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
2	WHILE NOT AT V	WHILE O		incer, tractor, o	, , , , , , , , , , , , , , , , , , ,	1				
	220.1 certify that		ital) attended t	he deceased f	romT	uly 1980		3 19	87. th	nat (1) (we) last
	saw the dece	gsed glive or	11-	23	19 87.0	nd that in (my) (por) apinion	death occurred on the c	late and hour a	nd fram the co	auses stated
	above, (I) (we	(did no	at) view the bod	gafter death.		DEGREE	,		22c DATE S	IGNED
	50	Ann.	nut			ATTENDING	MEDICAL _ STA	AFF	11 7	1400
	/ ut	71	1 100	7			DIRECTOR PHYSI	CIAN	11-2	-1-0/
	224 PHYSICIAN'S	NAME (TYPE	OEMENT)	1		22e ADDRESS				
	George	B. St	coltzfus	MD MD		Box 6	7, Friends	ville, N	1D 2	21531
	BURIAL, CREMATION	N, REMOVAL	23b. DATE		23c. NAME OF	CEMETERY OR CREMATORY	23d LOCATION			
	Crematic	n	11/25/	87	Smithshi	urg Crematory	Smithsbu	ra. Wasi	ningtor	n. MD
24 FI	UNERAL DIRECTOR	5	1//	\	Cranta	ville, MD 250 DAT	E REC'D. BY REGISTRAL	25b. REGISTRA	R'S SIGNATU	RE
1	-900	100	ima.	ADO T	RESSULGITUS'	ATTIE, MILL	2 7 1007 /		••	
10	Me	1	~ , ,	у D. I	ynn New	ilari	1 1001 H	the word	milad	444

DHMH - 16 60M 7/B4 (VRA 15, 4)

MPOSTANT If hem 21 is marked or hear.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20 DATE KNOWN DE ASED NAME (TYPE OR PRINT) GEER, Jr. 31, 87 DEATH MATED Elton 4. RACE 6. AGE (IN YEARS | IF UNDER 1 YR. | IF UNDER 24 HRS 2d HOUR 3 SEX 2c DATE LAST BIRTHDAY) PRONOUNCED 12:38 31,87 White May 20, 1936 51 Male DEAD 7b. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY) Garrett Ohio USA DIVORCED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120 USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY
Shoe Repair Shoe Repairman Garrett Co. Memorial Hospital Oakland UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE (ITY LIMITS? 13e. STREET ADDRESS Mt. Lake Park Garrett YES X NO T 208 G St. 21550 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE FIRST Elton Geer, Sr. Evelvn Penny 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) 1958-60 302-30-5609 Yes Linda E. Geer, See #13 above 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Ventricular Fibrillation hour IMMEDIATE CAUSE (a). DUE TO: OR AS A CONSEQUENCE OF Canditions, if any, which Ischemic Heart Disease Several yrs. gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. Arteriosclerotic Cardio-Vascular Disease Unknown EXECUTE THE CERTIFICATE, WRITING THE WORD "PEDDING" PAGE 4 SHOULD BE PORWARDED TO THE CHIEF MEDICAL TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE USED A BUILD FOR THE STATE DEPARTMENT OF HEATH WITH THE STATE DEPARTMENT OF HEATH BATTER DEPARTMENT OF HEATH BATTER DEPARTMENT OF HEATH WORLD WARYLAND, 21201 PRIOR TO BURIAL, CHEMAN PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO X 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 214. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 21d INJURY OCCURRED 21L LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE WHILE AT WORK COUNTY Inspection X 220. I certify that I took charge of the remains described above, held an Autopsy Accident Hamicide . Undetermined manner death resulted from Notural causes Suicide TITLE (SPECIFY) 31 Dec 1987 Deputy MEDICAL EXAMINER EXAMINER'S NAME Herbert H. Leighton, M.D. Oak @ 5th Sts., Oakland, MD 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY

07/84

DHMH - 17 (VR A15 ME (5))

24 FUNERAL DIRECTOR Bradley A. Stewart

1/2/1988 Cremation

Omega Crematory

21550

Oakland, Maryland

23d. LOCATION

Morgantown, Monongalia, WestVA

076

completely filled in by the fundral director, page 3 famoud 2 should be fried within 72 hours after death

deoth. Poge 4

executed within 24 hours after

deoth certificate be

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STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE	7	REG. N	3 5		7	9	0
LAST	20. D	ATE OF	DEATH	MONTH		DAY	YEAR	2b. H
***************************************	1 -			30	•	100	7	122

0.	1-	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 7 REG. N	\$ 5	7 9	0
21		CEASED NAME OR PRINT)	Joseph		nald	HABI	AST EL	20. DATE OF DEATH December	MONTH 19,	1987	26 HOUR 11:58 P _M
	3. SEX	x Male		4. RACE Whit	e	S. DATE O		6. AGE (IN YEARS LAST BIR	YRS.	MONTHS DAYS	
5		RTHPLACE (STATE COUNTRY) aryland	TE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED	9. BALTIMORE CITY C		Y OF DEATH	MD.
7		akland	FDEATH	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	or other institution	12e USUAL OCCUPAT (TYPE OF WORK FOR MOST O Merchant		LIFE) INDUSTRY	OF BUSINESS OR
)	13e. S	AL RESIDENCE (# STATE ryland	13b. COU	ROTHER INSTITUTION, NTY Cett	GIVE RESIDENCE BEFORE 134. CITY OR TOW Oakland		13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS Rt. 5 BC	ox 2 1:	3 215	550
ク	14. FA	John		WIDDLE	Habel		15. MOTHER'S MAIDEN NA FIRST Margaret	WIDDIE		Rahnis	LAST
/	(1	WAS DECEASED E YES, NO OR UNKNOW! Yes	N) (FYES, GI	RMED FORCES? VE WAR OR DATES) II	212-20-9		Mrs. Shirley	A. Habel		e as 13	
	NO	Conditions, if gove rise to couse (a), underlying c	ony, which immediate stating the couse last.	(b) DUE TO, OI	METAS R AS A CONSEQUE R AS A CONSEQUE DITRIBUTING TO 1	ENCE OF	NOT RELATED TO THE TERM	NINAL DISEASE OR CON		IVEN IN PART	lio
2	CERTIFICATION	19a. DATE OF OF	PERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERT	ES, WERE FIND FIFYING CAUSE YES [
7	MEDICAL CER	21d. INJURY OC	CAUSE OF DE	ATH HOUR A R) P 21e. PLACE	M. MONTH DA	AY YEAR 19	211. HOW INJURY OCCUR 211. LOCATION SIREET	RED (ENTER NATURE ÓF INJU		COUNTY	STATE
		22a. I certify the	ot (I) (this hosp eceased alive or we) (did) (did n		deceased from 12/19 19 after death.	87,0	Augy 19 8 and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN TO	death occurred on the d	FF	our and from th	that (I) (we) lost the causes stated TE SIGNED
/	230 5	22d. PHYSICIAN	Margar	et A.	KAISER	NAME OF C	220 ADDRESS / 3/1 N 4	B Ste 3	3 Qu	klan	a,ml
	230 6	(SPECIEVE	OIA, KENIOVAI	230. DATE	230.	TOTAL OF C	THE TENT OR CREMATORT	CITY OR TOWN		COUNTY	STATE

BP.

24 FUNERAL DIRECTOR LIMIT A DHMH - 16 50M 1/81 (VRA 15, 4)

IMPORTANT: If them 21 is marked or them 18 shows ony injury, or other troumatic event, the medical examine should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician

attending physicion

TO HOSPITAL OR ATTENDING PHYSICIAN:

retained by the haspital or

Burial

Md. Veterans Cemetery Crownsville Anne Arundel Md.

250. DATE REC'D. BY REGISTRAR 259. REGISTRAR'S SIGNATURE UEU 23 1987

Oakland, Maryland 21550

Carille Cont. of moderate f Esmot fineanti Gert. 10, 1000 95 Catt- See Dyna C de-redt dannty Mesocial Houstal Mershent Cookie Tt. 7 Lox 213 21550 fanyland Carrett Calland Harmant Enclist All the owner - Indee . Transfer . Table - owner and la

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FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

")	jme	-9	174	1
()	5	/	7	
REG. NO.				

a c acolorana						RE	G. NO.				
L DECEASED NAME	FIRST	,	MIDDLE		LAST	20. DATE OF DEA	TH MONTH	DAY	YEAR	26 HOL	JR
Alk	pert	Mor	ice	HARV	EY	November	25, 1	987		1:5	0a N
1. 5EX		4 RACE		S. DATE C	OF BIRTH	6. AGE (IN YEARS L	AST BIRTHDAY	IF UNDE		IF UNDER	
Male		White		Sept		65	Mac	MONTHS	DAYS	HOURS	MIN.
A BIRTHPLACE (STATE OR	OREIGN		WHAT COUNTRY?	1		1. BALTIMORE CI	TY OR COUN		ATH		
Maryland		USA			D NEVER MARRIED DIVORCED	Commont					
O. CITY OR TOWN OF DEA	ATH		HOSPITAL, NURSIN	WIDOWE IG HOME (DR OTHER INSTITUTION	Garrett		1.26.	KINDO	F BUSIN	ESS OR
Oakland			Box 288			Mechanic		LIFE) IND	USTRY		
USUAL RESIDENCE (# NURS	ING HOME OR				0	Mechanic	_	E	uto		
I3o. STATE	13b. COUN	TY	13c. CITY OR TOW	N		13e. STREET ADDR		2 23	FFO		
Maryland	Garr	ett	Oakland	a	YES NO 🔀		Box 28	3 21	550		
FATHER'S NAME	,	MIDDLE	LAST		FIRST	WE	DIE		LAS	T	
Tilden		R.	Harvey		Mollie	E.		Brad	У		
(YES, NO OR UNKNOWN)		MED FORCES?	16b. SOCIAL SECU	RITY NO.	17. INFORMANT	^	DDRESS				
Yes	WW		216-18-1	1459	Mrs. Ruth M.	Harvey -	same a	as 13			
PART I. DEATH W	AS CAUSE	BY:	Rose	10	+			-	E I WEEK	MATE INTE	DEATH
	NIFICANT C	ONDITIONS <u>CC</u>	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR	CONDITION	EIVEN IN I	PART 1	D	
190. DATE OF OPERA	TION	196 CONDI	ITION FOR WHICH	OPERATIO	ON WAS PERFORMED	YES NO	IN CER	TIFYING (FINDIN	OF DEA	TH?
	Name of Street, or other party of the Street, or other party or ot	110110 A	FINJURY M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE C	F INJURY IN ITEM 1	8, PART 1 OR	PART 2)		
OR CONTRIBUTING (IF EITHER NOTIFY MEDIN		110		19							
21d. INJURY OCCUR	RED	21e. PLACE	OF INJURY	4844 53C)	211 LOCATION STREET	CITY	OR TOWN	co	UNITY		STATE
WHILE NOT WE AT WO	ILE RK	TAT HOME, STA	CET, FACTORT, OFFICE, F	ARM, ETC.)							
220.1 certify that (f)	this hospit	ol) ottended th	e deceased fram_	(June 19 87	- , to / i	- (1	., 19_	74	that (II)	we) lo
sow the decem-				87.6	nd that is (my) (our) opinion	death occurred on	the date and h	our and f	rom the	couses st	oted
22b. SIGNATURE	sid It did not	A a	direpteon.	1 (DEGREE	/		22	c. DATE	SIGNED	
	man	10	K. K.	17	ATTENDING PHYSICIAN C	DIRECTOR P	STAFF		11-2	25-0	12
22d. PHYSICIAN'S N	AME (TYPE O	R PRINT)	14	CAN	22e. ADDRESS	J DIRECTOR L. FI	TI SICIAIN _				
Donald	R. Ri	chter.	M.D.		311 N. 4th S	St. Oakl	bM bne	. 21	550		
				JAME OF C	CEMETERY OR CREMATORY	23d. LOCATION		. 6 64.4.			
BURIAL, CREMATION,						CITY OR TO	WN	COUN	TY		STATE
Buria	11	11/28/	87 12.	reasa.	nt Valley Cem						Md.
4 FUNERAL DIRECTOR			ADDRESS		Zio DAI	TE REC'D. BY REGIS	_ / /				100
Durst Fune	eral H	lome - 0	akland, M	1d. 2	1550 NU	JV 30 198	1/1/1	DE0	edon	· Rand	-

DHMH - 16 50M 1/81 (VRA 15, 4)

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TO FUNERAL DIRECTOR, After this certificate has been signed by the of should be detached for use as the buriol-transit permit. Then please remainful the State Dept. of Health and Amenal Hygiene prior to buriol, cremate MPORTANI; if them 21 is marked or Item 18 shows any injury, or other training.

TO HOSPITAL OR ATTENDING PHYSICIAN. The low retained by the hospital or attending physician.

the second price of the Astronomy of the second of the Astronomy of the As

ertificate be executed within 24 hours

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

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	ST	ATE	OF	MARYLAND
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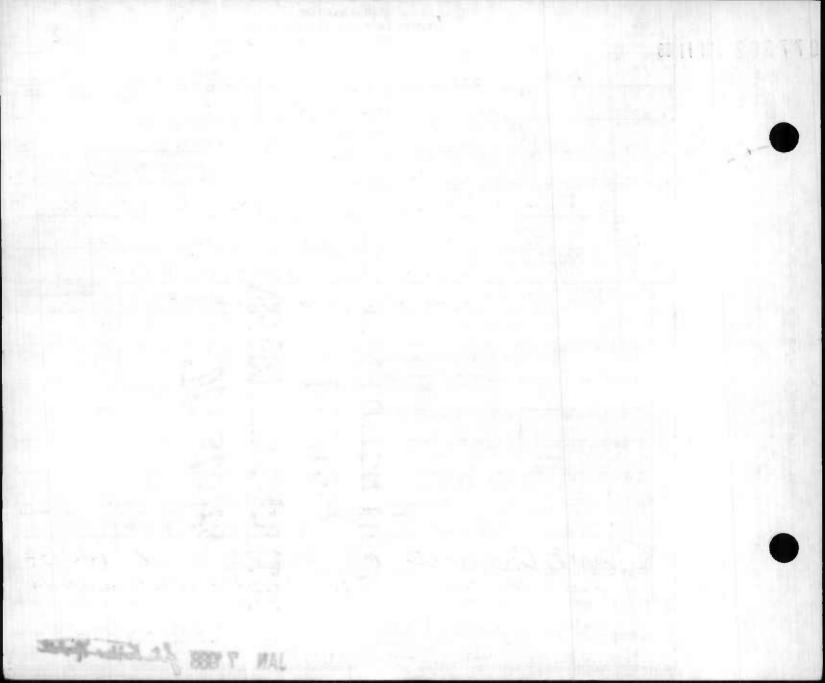
DEPARTMENT OF

HEALTH AND MENTAL HY FICATE OF DEATH	GIENE	7	REG. N	183	5	7	9	-	
LAST	2n D	ATE OF	DEATH	MONTH		DAY	YEAR	2h	H

11	0.0	REGISTRAR				CERTIF	HEALTH AND MENTAL HYG FICATE OF DEATH	8 / REGIN	8 5	7 9	2
111		CEASED NAME	FIRST		MIDDLE	-	LAST	20. DATE OF DEATH	MONTH D	DAY YEAR	26 HOUR
	(TYPE	OR PRINT)	John	El	mer	HERM	MAN	December	29. 198	87	905
	3. SE	X		4. RACE		S. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BE	RTHDAY)	IF UNDER I YEAR	
		Male		White		Decem	nber 25, 1902	85		ONTHS DAYS	HOURS
50		RTHPLACE (STATE OR	FOREIGN		WHAT COUNTR	2V2 I		1. BALTIMORE CITY	YRS.	OF DEATH	1
5		Maryland			USA	MARRIE	D NEVER MARRIED DIVORCED	Garrett	-		
	10 CI	TY OR TOWN OF DE	ATH	11. NAME OF	HOSPITAL, NUR	SING HOME	OR OTHER INSTITUTION	12a. USUAL OCCUPAT	ION	126. KIND (OF BUSINES
K.	ien	Swanton		Route	2, Box 2	250		Foreman	OF WORKING LIFE		Prod
d Isom		AL RESIDENCE (IF NUR: STATE MD	136. COUN		13c. CITY OR TO Swant	NWC	134. INSIDE CITY LIMITS?	Route #2	Box 2	250	21550
2	14. FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME		LA	cī.
Oxo		John	W		Herman	n	Mary	Ella		Paugh	1
0		VAS DECEASED EVER		MED FORCES?	166. SOCIAL SE	CURITY NO.	17 INFORMANT	ADDR	ESS	111111111111	
me	(NO OR UNKNOWN)	(IF YES, GIV	E MAK OK DATES!	217-05-	-0484	Beulah G. He	rman, See	13 abo	ove	
ic even		PART I. DEATH W		E CAUSE (a)	1116717	7777	- RECTAL CA	AKCINOMI	<i>T</i> ,	Mont	hs
r, or other troumot		Conditions, if any gove rise to im- couse (a), stati- underlying couse	mediate ng the e lost.	(c)	DR AS A CONSEC	QUENCE OF	I NOT RELATED TO THE TERM	INALDISEASE OR COM	DITION GIVE	EN IN PART 1	0
ows any injury, or other froumof	TIFICATION	gove rise to imicouse (0), statu underlying couse	mediate ng the e lost. NIFICANT C	DUE TO, C	OR AS A CONSEC	QUENCE OF	NOT RELATED TO THE TERM ON WAS PERFORMED	INAL DISEASE OR CON 200 AUTOPSY? YES NO XX	20b. IF YES, IN CERTIFY	WERE FINDI	NGS USED
Is snows any injury, or other froumof	CERTIFICATION	gove rise to im- couse (o), statitudentlying couse PART 2 OTHER SIG	mediate ng the e lost. NIFICANT C	(b)	OR AS A CONSECTION ON TRIBUTING TO	QUENCE OF	ON WAS PERFORMED	200 AUTOPSY? YES NO X	20b. IF YES, IN CERTIFY	, WERE FINDI	NGS USED S OF DEATH
iem 18 shows any injury, or other fraumof		gove rise to im- couse (o), statit underlying couse PART 2 OTHER SIG	mediate ng the e lost. NIFICANT C	DUE TO, C (c) CONDITIONS C 19b. CONE 19b. CONE HOUR A	OR AS A CONSEC ONTRIBUTING T	QUENCE OF	ON WAS PERFORMED	200 AUTOPSY? YES NO X	20b. IF YES, IN CERTIFY	, WERE FINDI	NGS USED S OF DEATH
rked or frem 18 shows any injury, or other froumof	MEDICAL CERTIFICATION	gove rise to im- couse (o), statit underlying couse PART 2 OTHER SIGI 19a. DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MED 21d. INJURY OCCUR	mediate ng the e lost. NIFICANT C ITHON IDERLYING C CAUSE OF DEA ICAL EXAMINER RED	19b	OR AS A CONSECTION ON TRIBUTING TO	QUENCE OF TO DEATH BUT THE OPERATION DAY YEAR 19	ON WAS PERFORMED	200 AUTOPSY? YES NO X	206. IF YES, IN CERTIFY YES URY IN ITEM 18 PA	, WERE FINDI	NGS USED S OF DEATH NO
If them 21 is morked or them 1		gove rise to im- couse (o), statitudentlying couse PART 2 OTHER SIGI 190. DATE OF OPERA 210. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MED 21d. INJURY OCCUR WHILE NOTIFY NOTIFY	Mediate and the e lost. NIFICANT CONTINUE CAUSE OF DEA COLL EXAMINER RED HILLE CONTINUE CAUSE OF DEA COLL EXAMINER RED HILLE CONTINUE CAUSE OF DEA COLL EXAMINER RED HILLE CONTINUE COLL EXAMINER CAUSE COLL EXAMINER RED HILLE COLL EXAMINER CAUSE CAUSE COLL EXAMINER CAUSE CAU	DUE TO, C (c) 19b. CONE 19b. CONE 19b. TIME of HOUR A 11 P 21e PLACE (AT HOME, S) 11) view the bod	OR AS A CONSECTION FOR WHILE OF INJURY OF INJURY REET, FACTORY, OFFICE A deceosed from y after death.	DAY YEAR 19 10. FARM. ETC.) 10. ST., O.	216 HOW INJURY OCCURI 216 HOW INJURY OCCURI 216 LOCATION STREET 19 87 Ind that in (my) (AN apraion DEGREE 1) ATTENDING PHYSICIAN [1226 ADDRESS	200 AUTOPSY? YES NO XX RED (ENTER NATURE OF INJI CITY OR TO 10 12/ death occurred on the company of the co	296. IF YES, IN CERTIFY YES URY IN ITEM 18 PA	COUNTY and from the	that (1) Ox-
Nem 21 is morked ar Nem 1	MEDICAL	gove rise to improve the couse (o), stating underlying couse (o), stating underlying couse (o). PART 2 OTHER SIGNATURE (FOR EACH OF A COURT WAS UNDER COURT WAS UNDER COURT WAS UNDER COURT WAS UNDER COURT OF A	Mediate ng the e lost. NIFICANT C ATHON DERLYING CAUSE OF DEA ICAL EXAMINER RED AME (TYPE O MEDIATE C MEDIATE C MEDIATE C AME (TYPE O MEDIATE C MEDIATE C AME (TYPE O MEDIATE C MEDIATE C MEDIATE C AME (TYPE O MEDIATE C MEDIAT	DUE TO, C (c) DUE TO, C (c) 19b. CONE 1	ONTRIBUTING TO DITION FOR WHILE OF INJURY AM. OF INJURY IREET, FACTORY, OFFICE 19 2 value decate.	DAY YEAR 19 19 10 DEATH BUT 19 19 10 DEATH BUT 10 D	216 HOW INJURY OCCURION 216 LOCATION STREET 10 19 87 and that in (my) (AN apraion DEGREE 1) ATTENDING PHYSICIAN [224 ADDRESS 2	200 AUTOPSY? YES NO STATEMENT	296. IF YES, IN CERTIFY YES URY IN ITEM 18 PA	COUNTY and from the	ngs used so of Death No that (I) or causes state
If them 21 is morked or them 1	WEDICAL MEDICAL	gove rise to import to the couse (a), stating underlying couse (b), stating underlying couse (b). The couse (b) and the couse (c) and the	Mediate ng the e lost. NIFICANT C ATTON DERLYING CAUSE OF DEA (CAUSE	DUE TO, C (c) DUE TO, C (c) 19b. CONE 1	ONTRIBUTING TO DITION FOR WHILE OF INJURY OF INJURY (REET, FACTORY, OFFICE 19 24 25 21 22 23	DAY YEAR 19 CE, FARM ETC.) M 87 , OT 36, NAME OF C	216 HOW INJURY OCCURI 216 HOW INJURY OCCURI 216 LOCATION STREET 19 87 Ind that in (my) (AN apraion DEGREE 1) ATTENDING PHYSICIAN [1226 ADDRESS	200 AUTOPSY? YES NO XX RED (ENTER NATURE OF INJI CHY OR TO 10 12/ death occurred on the company of the com	29 IF YES IN CERTIFY YES	COUNTY 22c. DATE A COUNTY COUNTY	st. that (II or couses stol

DHMH - 16 50M 1/81 (VRA 15, 4)

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2001 250	FOR STATE REGISTRAR		DEPARTA	STATE OF MARY MENT OF HEALTH AND CERTIFICATE OF	D MENTAL HYGIE	NE / REG. NO.	5 7 9 3
38U4 DEC-3	TOPECEASED NAME	Marchar	ot C.	HO //	101/	O. DATE OF DEATH MONT	21 87 12 Au
moy etter. pog	3. SEX Fema	/ 4 RACE	auc.	S. DATE OF BIRTH	VIEAR 6	AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
	COUNTRY] W.V	a. / [EN OF WHAT COUNTRY?	Little	R MARRIED U	BALTIMORE CITY OR CO Garrett	MD.
190	Frostburg	Fros	ME OF HOSPITAL, NURSIN PLIN SUCH FACULTY GIVE STREET COURG VIIIAGE	e Nursing H		20 USUAL OCCUPATION TWO TO THE PROPERTY OF WOR MANAGER	IXING LIFE) REUSTINESS OR
MD 213	USUAL RESIDENCE (FN 130. STATE W.Va.	in county Morgan	13 CITY OR TOW PAWPAW			3e.STREET ADDRESS / ZIP P.O.Box 2 Pa	
八人	FATHER'S NAME FIRST	Brane	Clark	15. MOTHE	R'S MAIDEN NAME FIRST Mary	Melinda	Kesler
WAS.	160 WAS DECEASED EV (YES, NO OR UNKNOWN)	ER IN U.S. ARMED FOI				ADDRESS DW P.O.Box 2,	PawPaw W.Va.25434
A 144	18 CAUSE OF DE PART I. DEATH	ATH (Enter only one co WAS CAUSED 8Y: IMMEDIATE CAUSE	ouse per line far (a), (b), and	Cardia,	e av	vert	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
death ce other ding over corbi	Conditions, if a	ny, which	TO, OR AS CONSEQUE	encepoe C	ormany	Thomatosi	5 Suddenly
that the tage of the constraint of the constrain	gove rise to cause (a), sto underlying ca	iting the DUE	TO, OR AS A CONSEQUE	ENCE OF	arting	Di frase	ni Sliep at
MDS, 20 requires Then plan r to burn injury, o	PART 2 OTHERS	GNIFICANT CONDITION	ons contributing to a	1		al Disease or Condition	N GIVEN IN PART 110
AL RECO	19a DATE OF OPE	RATION 19b.	CONDITION FOR WHICH	OPERATION WAS PERF	FORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
OF STATE OF	210. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER NOTIFY N	CAUSE OF DEATH HO	TIME OF INJURY DUR A.M. MONTH DA P.M.		INJURY OCCURRED	D (ENTER NATURE OF INJURY IN IT	EM 18 PART I OR PART 7)
MISSION (G PHYSION CO. C. The box ond Mysion check or the box ond Mysion check or the condition of the condi			PLACE OF INJURY HOME STREET, FACTORY, OFFICE, F	ARM, ETC.) 211 LOCAT		CITY OR TOWN	COUNTY STATE

, that (1) (we) last saw the deceosed alive on above, (I) (wet taid) (did not) view the bady after death , and that in (my) (aur) apinian deoth accurred an the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS

DHMH - 16 60M 7/84 (VRA 15, 4)

Buria] 11-24-87 Camp Hill

236 DATE

230 BURIAL, CREMATION, REMOVAL

(SPECIFY)

23c. NAME OF CEMETERY OR CREMATORY CITY OR TOWN

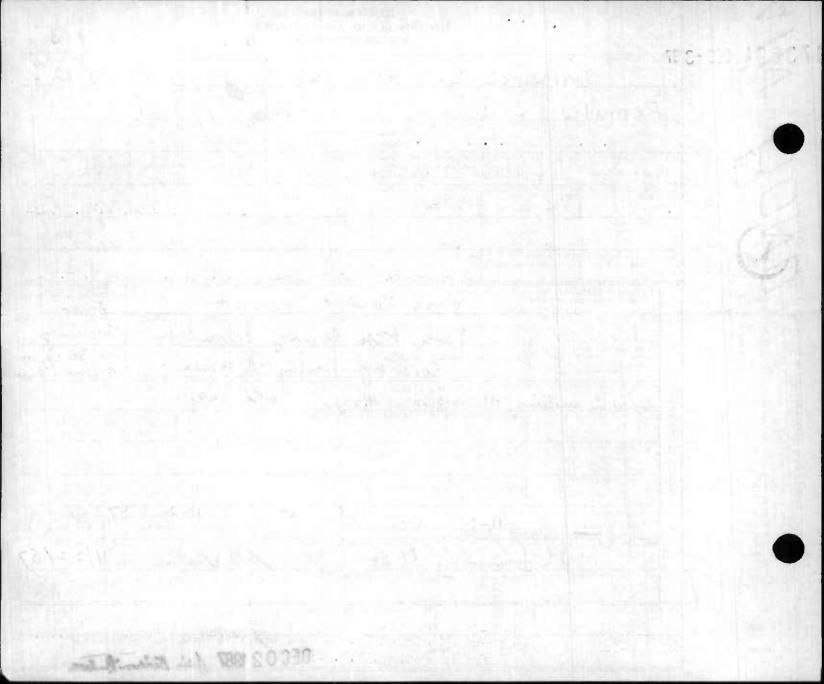
23d. LOCATION

COUNTY STATE

PawPaw Morgan I

Funeral Home 306 Union St.

Berkeley Springs, W.V. 251FC



MPORTANT: If them 21 is morked or Item 18 skill

DHMH - 16 50M 1/BI

(VRA 15, 4)

073926 DEC -3

FOR STATE REGISTRAR I. DECEASED NAME

(TYPE OR PRINT)

Male

To. BIRTHPLACE (STATE OF FOREIGN

M. CITY OR TOWN OF DEATH

W. Va.

FIRST

Oakland

TATHER'S NAME

W. Va.

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 138. STATE

3. SEX

FIRST

Artie

4. RACE

White

7h CITIZEN OF USA

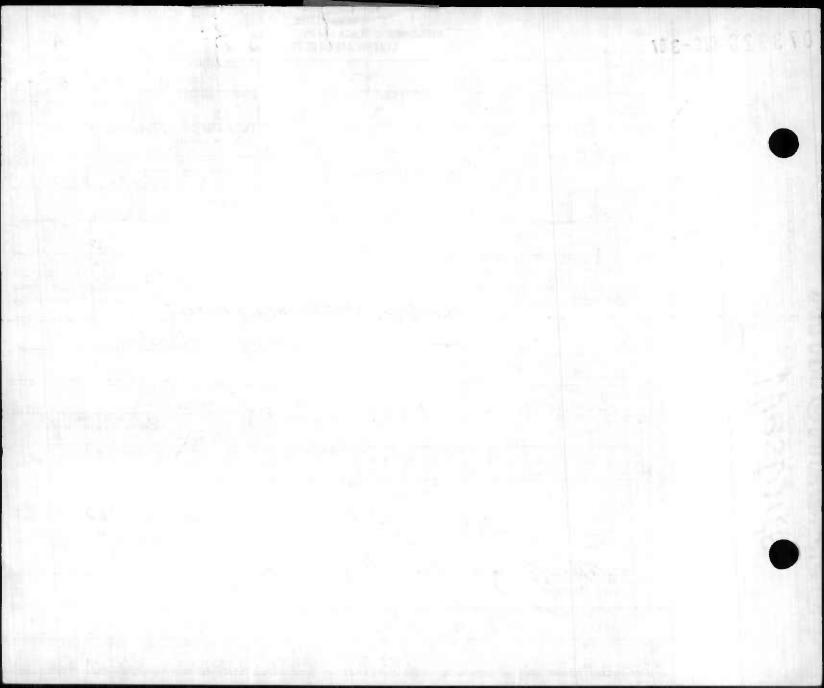
11. NAME OF

Preston

MIDDLE

DEPARTM	NENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IEME	5	7 9	4
MIDDLE tis	Hu	AST		HIMON	DAY YEAR	26 HOUR 28
	5. DATE C		6. AGE (IN YEARS LAST BIRTH	(DAY)	IF UNDER I YEAR	IF UNDER 74 HRS
	MONTH	31 1912	75	YRS.	MONTHS DAYS	HOURS MIN.
WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED	9. BALTIMORE CITY <u>OR</u> Garrett	•	OF DEATH	MD.
HOSPITAL, NURSIN HEACHTY GIVE STREET MEMOLITA	G HOME C	R OTHER INSTITUTION	12a USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF Heavy Equip	WORKING LI	FE) INDUSTRY	ilroad
GIVE RESIDENCE BEFORE 131. CITY OF TOWN Terra Al	N	13d. INSIDE CITY LIMITS? YES 🔼 NO 🗌		Washi:	ngton S	t9994
Hu11		15. MOTHER'S MAIDEN NA/ Ida	Wildow	-	Hau	ght
232-24-4		Ronald Hull	ADDRES	00	7 Shaff Alta, W	er St.
line for (a), (b), and		TOTAL TIME		/		MATE INTERVAL ONSET AND DEATH
R AS A CONSEQUE	2015	teme by	pus Erythe	water	85	
ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIV	VEN IN PART 1	a.
ITION FOR WHICH	OPERATIO	Tract 1	200 AUTOPSY? YES NOT	IN CERTI	S, WERE FINDII FYING CAUSES ES	
M. MONTH DA	YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INTERV	IN ITEM 18	PART OR PART 2)	
OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	211. LOCATION STREET	CITY OF TOW	/N	COUNTY	STATE
e deceased from	8 P. or	nd that in (my) (our) opinion	deoth occurred on the dot	te and hou		that (I) (we) lost causes stated
ulw	de	ATTENDING PHYSICIAN	MEDICAL STAFF		22c. DATE	SIGNED
		220 ADDRESS Terra	Alta, w.Va.			
23c N	IAME OF C	EMETERY OR CREMATORY	23d. LOCATION			

Simeon 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) WW 11 Yes 18 CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)___ DUE TO, O Conditions, if ony, which (b)__ gove rise to immediate cause (a), stating the DUE TO. O underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CO CERTIFICATION udomana 19a DATE OF OPERATION 19b. COND 21a, ACCIDENT WAS UNDERLYING 21b. TIME O HOUR A OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 71e. PLACE (AT HOME, STE NOT WHILE 22a. | certify that (1) (this hospital) attended th saw the dereased alive an 1/2.
obove, (1 | e | (did) (did aot) view the bady 22b. SIGNATURE 22d. PHYSICIAN'S NAME (DATA OF PRINT) Mark Domerick 23a BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY Burial 11-25-1987 Oak Grove Cemetery Terra Aalt Preston 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS Terra Alta, WVanov 3 Wright Arthur H

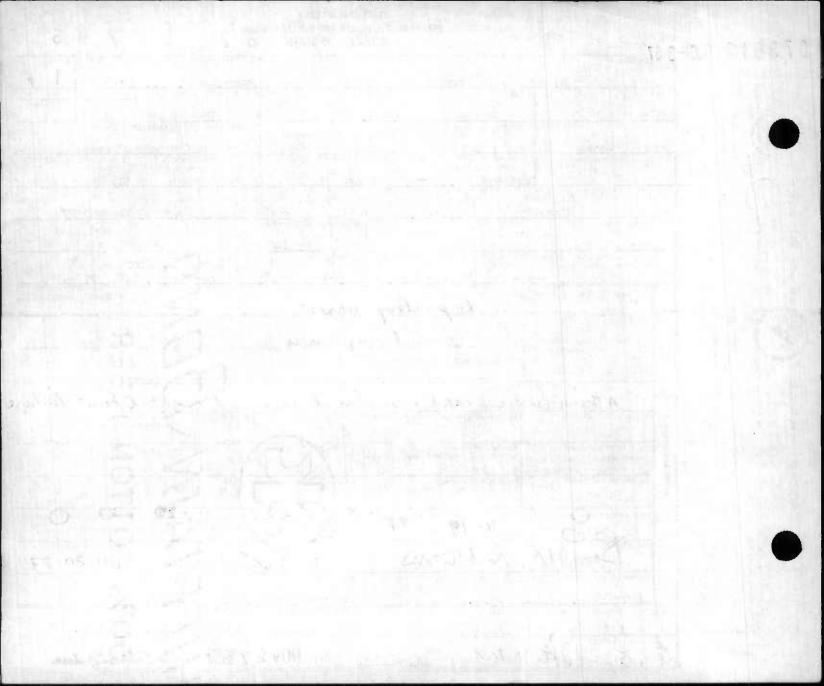


0 7	3	9 1	9 [Fr -	1.00	FOR STATE REGISTRAR			DEPART	MENT OF	E OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	GIENE 7	REG. NO.	5 7	9	5
	0	0 1	m.e			CEASED NAME	FIRST	M	HODLE		LAST	20 DATE OF	DEATH MONTH	DAY YE	AR 2b	HOUR
		y be	deo				Alber	t	Thomas	I	nks	Seest.	Nov. 20.	1987		PM
		a mo	fter o		3 SE	Х		4. RACE		5. DATE O			EARS LAST BIRTHOAY)	MONTHS D	YEAR IF U	NDER 24 HRS
		a Go	urs o		Ma			Whi	te	Sept			79 YR	14.40		ons mire.
		h. Po	P P P	9	Jo. B	RTHPLACE (STATE ORE	OREIGN	Th CITIZEN OF V	VHAT COUNTRY	? 8 MARRIE	D NEVER MARRIED	9 BALTIMO	RE CITY OR COUN	NTY OF DEAT	Н	
		deot	uner J	2		ith Dakota		USA		WIDOW	DIVORCED [Garret	t Cour	ntv	MD.
		11	Je Je	2/	10. C	ITY OR TOWN OF DEA	TH		OSPITAL, NURSI		OR OTHER INSTITUTION		OCCUPATION FOR MOST OF WORKIN	12b. KIN	ND OF BU	SINESSOR
201	6	V	filed	8		kland		ennett	Rd. Nurs	sing H	ome		enance			Servic
YLAND 2120	,	4	d be	25	13a	AL RESIDENCE (IF NURS	13b COUN	OTHER INSTITUTION O	13c. CITY OR TO		13d INSIDE CITY LIMITS?	13e STREET				
AND		T	18	CE	Mai	ryland	Garre		Deer Par		YES NO THE		3. Box 6	3 T.	21550)
RYL		ŧ.	etely 12 sl	見入	14. FA	ATHER'S NAME	,	AIDDLE	LAST		15. MOTHER'S MAIDEN NA		MIODLE	THE COLD	LAST	
MA		pa	Idmo	(%()	Unl	known					Lizzie			T	nks	
DRE,		xeco	ges 3	dicol	16a V	VAS DECEASED EVER		MED FORCES?	166 SOCIAL SEC	URITY NO.	17. INFORMANT	Ro	oute 3, B	Ox 63	Τ,	
IM		9 90	Po	E /	No		_		200-05-7	7171	Carolyn Upho		er Park.		21550)
BAL		ote	ysicio person	t, th		18 CAUSE OF DEAT	H (Enter on)	y one couse per l	line for (a), (b), o	nd (c).)						INTERVAL AND DEATH
di	-	#	on po	even		PART I. DEATH W		CAUSE (o)	Respira	tory	arrest					
(3)	2	1	corb	ofic				DUE TO, OR	AS & CONSEQU	JENCE OF				- 10 8 6		
2		1	ove	0.00		Conditions, if any,		(b)	termin	nl 10	ng cancer					
36	-	7	rem	t i		gove rise to imm couse (a), statin	g the	DUE TO, OR	AS A CONSEQU	JENCE OF	0					
> 10		thot	d by leose iol, c	010		underlying couse	lost	(c)								
5, 2		oires	en p	ury,	z	4 44	1	ONDITIONS CO	1 .		NOT RELATED TO THE TERM	AMAL DISE ASI	ORCONDITION	GIVEN IN PAR	OIL LE	0-1
ORD		red	t. Th	ž	CERTIFICATION	Alher		ofic	cardio						. /	alun
REC		No.	ermie pr	000	1 5 €	190 DATE OF OPERAT	ION	196 CONDI	ION FOR WHICH	H OPERATIO	N WAS PERFORMED	20a AUTC		YES, WERE FIR		
DIVISION OF VITAL		The	ronsit p	<u>§</u>	RT	B1. ACCIDENT WAS UNIT	TRIVING T	21b. TIME OF	INTERIOR		Tal. How bloom a save	YES 🗌	NO	YES 🗌		
7		Phys	-fron	8		OR CONTRIBUTING		110110 4 4	MONTH C	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTERNA	TURE OF INJURY IN ITEM	18 PART I OR PAR	1 2)	
0		SIC	s certifications of the second	E T	MEDICAL	(IF EITHER NOTIFY MEDIC		P.A		19						
ISIO		PH	this he b	Po po	MED	21d. INJURY OCCURE		21e PLACE C	ET, FACTORY, OFFICE,	FARM, ETC)	211. LOCATION STREET		CITY OR TOWN	COUNT	Υ	STATE
DIV		NG	After os t lth o	orke		AT WORK AT WOR	K -									
		ON TO	USe Heo	.s		220.1 certify that	this hospit	al) ottended the	deceased from.	87	-5 19 8 F	, to	11 - 20	19 8 7	tho	(I) we) last
-		ATT	d to	m 21		sow the decease obove (II) we (to	id) (did not	view the body o	fter deoth		nd that in my (our) opinion	deoth occurred	d on the date and l			
		e O	Oche Dep	辛		22h SIGNATURE	MK	Riv	Ltima	/	DEGREE ATTENDING	MEDICAL	STAFF		ATE SIGN	
		ITAL by th	RAL	Ž		17000	<u> </u>	140	nus yu	9	PHYSICIAN		PHYSICIAN [- (1	-50	-87
		OSP led b	FUNER old be d	PRTA		22d PHYSICIAN'S NA	ME TYPE OF	PRINT)			22e ADDRESS					
		O H etoin	TO FUNERA should be de with the Stot	W PO		Donald R					Oakland, Ma		21550			
				1		BURIAL, CREMATION,	REMOVAL	23b. DATE	23ε.	NAME OF C	POSE CEMETERY	234 LOCA	TION	COUNTY		STATE
		BP				Durial		111/23/	87 bl	omina	Rose Cemetry	Frie	ndsville	Garro	++ 1	MD

DHMH - 16 50M 1/81 (VRA 15, 4)

Taman Grantsville, MD

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE NOV 2 7 1987



FOR

Burial

Lester R. Hinkle Box 186 Davis

24 FUNERAL DIRECTOR

DHMH - 16 50M 1/B1 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

IF UNDER 24 HRS

NO [

STATE

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Cemetery

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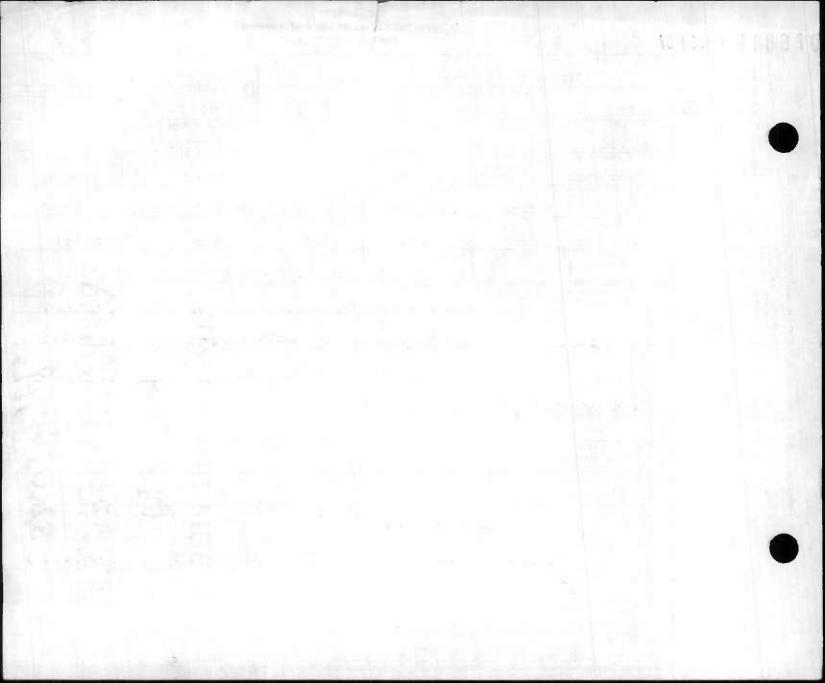
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768	3 1 2 DEC	31	37 -	FOR STATE REGISTRAR				CERTIF	E OF MARYLAND BEALTH AND MENTAL H ICATE OF DEATH	8 / REG. N		7	9 Z
	4. m.e		1. DEC	CEASED NAME FIRST OR PRINT)			MIDDLE		AST	20. DATE OF DEATH	MONTH	DAY YEAR	28.11000
	y be			Clare					K, Jr.	December			430 A M
	ge 4 may be ector, page 3 rs ofter death	5	∂. SEX	Male	4. RACE	Whi	te	5. DATE O		6. AGE (IN YEARS LAST BE	RTHDAY)	MONTHS DA	
0	deoth. Poge uneral direct ma 72 hours			RTHPLACE (STATE OR FOREIGN OUNTRY) ryland	7b. CITI	ZEN OF US	WHAT COUNTRY?	8. MARRIE WIDOWI	D NEVER MARRIED			TY OF DEATH	MD
5	s ofter d	I	10 CI	Deer Park	(IF)	NOT IN SUC	HOSPITAL, NURSING HEACILITY, GIVE STREET A. Box 6	DDRESSI	OR OTHER INSTITUTION	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST) Farmer		LIFE) INDUST	D OF BUSINESS OR RY arming
BALTIMORE, MARYLAND 2120	24 hour	20	13a. S			STITUTION		ADMISSION)	138 INSIDE CITY LIMITS	? 130 STREET ADDRESS Route 3,	Box 6		21550
MARYLA	mpletely f	16	14. FA	THER'S NAME FIRST Clarence	Andrew		Knox, Sr.		15. MOTHER'S MAIDEN			Glotf	eltv
MORE, I	n ond cor			AS DECEASED EVER IN U.S		RCES?	215-26-6	RITY NO.	17 INFORMANT	arlene Knox,			
ST.,	erificate b g physicion conpopers. removol.	UV I		18. CAUSE OF DEATH (Ent PART I. DEATH WAS CA	er only one c NUSED BY: DIATE CAUS			(c).1	failure	/			ROXIMATE INTERVAL EEN ONSET AND DEATH
PRESTON	e deoth c e ottendir move carl			Conditions, if any, whice gove rise to immediate	h ((b)	Pulin	ma	ig hypert	muin		1	pars
3	s that the ed by the slease re	0 0		cause (a), stating th underlying couse las	1.	(c)	COV P	elen	ionala			4	years
DIVISION OF VITAL RECORDS, 201	the low requires ion. Hos been signed if permit. Then plane prior to buring one prior		TIFIC	PART 2. OTHER SIGNIFICA CLUSCES 190. DATE OF OPERATION	PLP	tic	ulces	2 0	Was PERFORMED	200 AUTOPSY?	20b. IF Y	EIVEN IN PART ES, WERE FIN TIFYING CAUS YES []	IDINGS USED SES OF DEATH? NO
OF VIT	IYSICIAN: The liding physicion. s certificate hos wriol-fransit per Mental Hygiene	9	_	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE ((IF EITHER NOTIFY MEDICAL EXA	F DEATH H	OUR A.	OF INJURY .M. MONTH DA .M.	Y YEAR	21c HOW INJURY OCC	URRED (ENTER NATURE OF INJU	JRY IN ITEM 1	8 PART I OR PART	2)
VISION	G PHYS attendin er this c s the bur cond Med or H		MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	LAT	PLACE HOME, ST	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC }	21f. LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
٥	TTENDIN putol or CTOR: Aft for use o of Health			22a.1 certify that (I) (this I sow the deceased alivabove, (I) (we) (did) (d	e on	I	Dec 13 19	£7.0	Dec 9, 19 ond that in (my) (our) opini	on death occurred on the c	lote and h	our ond from	the couses stoted
	Y the hos A y the hos A Y The hos A A L DIREC detached ate Dept.			226. SIGNATURE	met	1	Luisin.	N	DEGREE ATTENDING PHYSICIAN			12c. DA	ATE SIGNED
	TO HOSPITAL of the retoined by the TO FUNERAL I should be detoined by the State I with the State I MADORTANT. IF			Dr. Marga:	ret Ka					rth St.,Oakl	and,	MD 21	550
	BP		23a B	URIAL, CREMATION, REMO		2/17			emetery or cremator	CITY OR TOWN	Garre	county ett. Ma	arvland
	DHMH - 16 50M 1/B (VRA 15, 4)	31		NERAL DIRECTOR adley A. Ster			aland, Mar		25a. (DATE REC'D. BY REGISTRAF	_	ISTRAR'S SIGN	



8 DEC 21LB	FOR STATE REGISTRAR		STATE OF MARYLAND IMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	S / REG. NO 5	7 9 8
(1)	PECEASED NAME FIRST	AIDOIN TO CO	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
deoth deoth	LESLI		LIGHT	DECEMBER 12,	1987 7:50 P,
3. 5	Male	4. RACE White	5. Date of Birth Dec. 1, 1924	6. AGE (IN YEARS LAST BIRTHDAY) 63 YRS.	MONTHS DAYS HOURS MIN.
34	BIRTHPLACE STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF WHAT COUNTRY USA		Commonts	Y OF DEATH
5	CITY OR TOWN OF DEATH Oakland	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE Garrett County	ING HOME OR OTHER INSTITUTION ET ADDRESS) Memorial Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING I Disabled	17b. KIND OF BUSINESS OR INDUSTRY
G III	Maryland Bal	or other institution, give residence before the country is a city or to Lansdo	WN YES M NO [120 Second A	ve./21227
30	Lacy Walt		110000	MIDDLE	nley
2 160	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (# YES, O	IVE WAR OR DATES)		Renner - Wau	6 Ramshead C kesha, Wis.
event,	PART I. DEATH WAS CAUS	only one couse per line for (o), (b), o SED BY: AYE CAUSE (o)	Czydiz Fz	ilne	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
or other troumotic	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE (b) DUE TO, OR AS A CONSEQUENCE (c)	MOHORCE	14	~ Guo
3 %		CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION G	IVEN IN PART 110
S Froms ony injur	190 DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? (ES \(\) NO \(\)
/ 5	OR COLUMNIA TO CALLET OF B		DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e, PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
n 21 is mo	sow the deceased alive a above, (1) (we) (did) (did)	pital) attended the deceased from 19.	ond that in (my) (our) opinion	n death occurred on the date and ha	
Stote Dept	22b. SIGNATURE	olman		MEDICAL STAFF DIRECTOR PHYSICIAN	(2/13/0)
MPORTANT	Thomas G. Jo	hneon M.D	27. ADDRESS 311 N. 4th	St. Oakland, Ma	ryland 21550
MA MANAGEMENT AND	BURIAL, CREMATION, REMOVA	Dec. 15. 1987	NAME OF CEMETERY OR CREMATORY Glen Haven Mem.	ark Glen Burnie	· Anne Ar MD

Dec. 15, 1987 Glen Haven

198/ Glen Haven Mem. Glen Burnie, Anne Ar. MD

130 DEC 18 1987

LaVale, MD 21502 DEC 18 1987

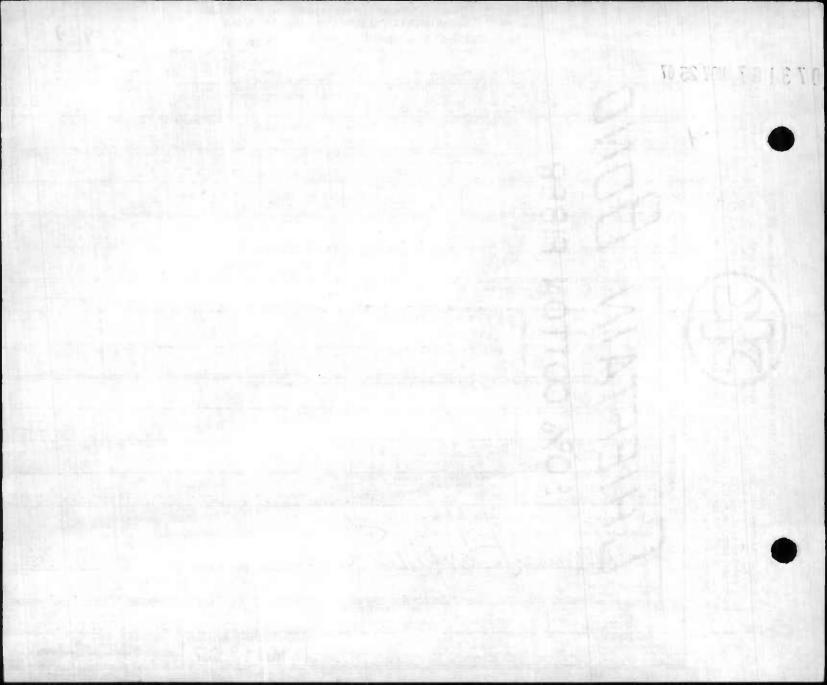
DHMH - 16 50M 1/B1 (VRA 15, 4)

24 FUNERAL DIRECTOR

John J. Hafer, Jr.

Deligned | Community Parallel Service | Landido We it to the the transfer of the state of the Miles Tigona 2. Johnson, M. T. - 1 11 1. deb Tt. Caktani, Torritord 21550 Burish | Dec 15, to Uler Hyan Ross Wilcon Burnie, Anne Anim John J. Hafor, Jr. LaVale, or 2-50; DEL 18 887 March

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN L HOUR OR PRINT) ESTI-DEATH MATED Charles 24 1987 Bernard McCrum, III 4 RACE 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2d HOUR DATE LAST BIRTHDAY) PRONOUNCED 3:40 Nov. 28, 1983 ⊮Male White DEAD 24 1987 76 CITIZEN OF WHAT COUNTRY? a BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY! Maryland USA DIVORCED Garrett County D CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE) OR INDUSTRY None Deer Park Rt. #3, Box 70-F 1136 COUNTY 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Md. Garrett Deer Park NO X Rt. 3, Box 70-F 21550 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Robin Charles Bernard Lee McCrum, Jr. Sweitzer 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 7 INFORMANT ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) C. Barnard McCrum, Sr., Aurora, West VA None No 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Smoke inhalation Sudden DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) USED AS A 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? E CHIEF BE USED IAL. TO MEDICAL DAMINER: THIS CERTIFICATE SHOILERCOUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHIEF CHIEF CHIEFALD INTECTOR: PAGE 3 SHOULD BE US AFIER DEATH, WITH THE STATE DEPARTMENT OF BALLIMONE, MARYLAND, 21201 PRIQK TO BURIA 21a EXTERNAL CAUSE WAS 116. TIME OF INJURY
HOUR AND MONTH DAY YEAR 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING XOR 249 CONTRIBUTING CAUSE OF DEATH House trailer fire 10 214 INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION STREET, FACTORY, FARM, ETC. CITY OR TOWN STATE WHILE AT WORK AT WORK #3, Box 70-F, home Deer Park, Garrett MD 220 I certify that I took charge of the remain and above, held on Autopsy X Inspection Undetermined monner death resulted from Natural courses cident Homicide _ ITTE (SPECIFY) Assistant 10/25/87 EXAMINER'S NAME Dennis F. Smyth, M.D. ADDRESS 111 Balto.MD. Penn St. (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION 10/27/87 burial Aurora Cemetery Aurora, Preston, West VA 24 FUNERAL DIRECTOR **DHMH - 17** Deviden Pandala (VR A15 ME (5)) Bradley A. Stewart Oakland, Maryland 21550



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074265 DEC-8

STATE OF MARYLAND

FOR 1 - STATE 7 REGISTRAR			DEPART		EALTH AND MENTAL HYD ICATE OF DEATH	B 7 REG. N	ž 5	8	0	1	
DECEASED NAME	FIR5\$		MIDDLE	(AST	20 DATE OF DEATH	MONTH	DAY	YEAR	2b. HOU	R
THE ON PRINTING	Ethel	Dan	ling	MIL	LER	November	19,	1987		730	P .
SEX		4. RACE		S. DATE C		6. AGE (IN YEARS LAST BE	RTHDAY(MONTHS	R I YEAR DAYS	IF UNDER	24 HRS
Femal	.e	White		Dece	mber 24, 1907	79	YRS.	1000000	DAIS	HOOKS	proma.
BIRTHPLACE (STA	ATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9. BALTIMORE CITY	R COUNT	Y OF DE	ATH		
Ohio		US		WIDOW		Garrett					М
Oakland	FDEATH	(IF NOT IN SUC	HOSPITAL, NURSIN HEACHITY, GIVE STREET #3, BOX	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST Housewife)	OF WORKING	LIFE IND	USTRY	f BUSINE Nurs:	
SUAL RESIDENCE (130. STATE Md.	136 COU		GIVE RESIDENCE BEFORE 131. CITY OR TOW Oakland	N	13d. INSIDE CITY LIMITS? YES NO [[13. STREET ADDRESS Route #3	Box	140		215	50
FATHER'S NAME FIRST	Wi	MIDDLE 11iam	Grego	rv	15. MOTHER'S MAIDEN NA FIRST Louverna	MIDDLE	G . 10	Flu	ıhar		
(YES, NO OR UNKNOW NO	EVER IN U.S. AF		233-50-	IRITY NO.	Virgil F. Mi	ADDR					
Canditians, if gave rise to cause (a), underlying	stating the cause last.	(b) DUE TO, O	R AS A CONSEQUI	ENCE OF	NOT RELATED TO THE TERA	MINAL DISEASE OR CON	IDITION G	IVEN IN P	ART Ice	,	
No DATE OF O	PERATION	1% COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERT	ES, WERE		OF DEAT	TH?
OR CONTRIBUTING	AS UNDERLYING C	ATH HOUR A.	M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	YES NO A		YES D	PART 21	NO [J
21d INJURY OC	CURRED	21e. PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY OR T	OWN	cou	UNTY	S	STATE
sow the di above, (I) { 27t SIGNATUR 22d PHYSICIAN	eceased alive or we) (the limited and the limited and the limited and limited	pri view the body			nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 220. ADDRESS	MEDICAL STA	AFF _		om the	that (I) (vicauses sto	
Dr.	Robert	Goralsk	i, MD		311 N. Four	th St., Oal	land	, MD	21	550	
a BURIAL, CREMAT	ION, REMOVAL	23b. DATE	23c 1	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION					

BP

TO FUNERAL DIRECTOR:

TO HOSPITAL

should be detached far use as the burial-transit permit. Then pleas with the State Dept-of Health and Mental Hygiene priar to burial,

IMPORTANT: If Item 21 is marked or Item 18 shaws any

After this certificate has been

DHMH - 16 50M 1/B1 (VRA 15, 4)

11/23/87 burial 24 FUNERAL DIRECTOR

Bradley A. Stewart

Fairview Cemetery

Oakland, Maryland

H

ry Oakland, Garrett, Maryland

21550

DEC O

THE ROTTERS WILLIAM

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director, page 3

filled in by the fu

nd completely f

executed within 24 hours after death. Page 4 may be

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

3	5	3	0	6
REG. NO.				-

0.28	1 87	FOR STATE REGISTRAR	DEPARTA	NENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE / REG. NO. 5	8 0 2
0 20		CEASED NAME FIRST E OR PRINT) X	ude Hartley	Riley S. DATE OF BIRTH	20 DATE OF DEATH MONTH	18-85 4:30 PM 18 - 19 18 18 18 18 18 18 18 18 18 18 18 18 18
3		F	W	05- 09 95	92 YRS	MONTHS DAYS HOURS MIN.
5		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY	OF DEATH MD.
3/	10 C	ITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	17b. KIND OF BUSINESS OR INDUSTRY
35	USU. 13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 13). COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE	134. INSIDE CITY LIMITS?	13e. STREET ADDRESS P. O. Box 80	0 2/538
	14. FA	ATHER'S NAME	MIDDLE HAST P.	15. MOTHER'S MAIDEN NAME FIRST		Young
medicol	- (WAS DECEASED EVER IN U.S. AR. YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 16b. SOCIAL SECUL E WAR OR DATES) 284-14-	6268 GERALD I	MAN KITZM	wer md.
event, the		PART I. DEATH WAS CAUSE	ly one couse per line for (a), (b), and DBY: E CAUSE (a) Cardio/	//	*	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
, or other troumatic		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUE Ib)	NCE OF NCE OF BATH BUT NOT RELATED TO THE TERM	in posable aps	
y injury	TION	5/9	cerebrosasant	an accident		
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
tem 8 st		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA			RED (ENTER NATURE OF INJURY IN ITEM 18 P	ART I OR PART 7)
orked or	MEDICAL	216 IN JURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC] 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
121 is mo			tol) attended the deceased fram_ 12 LA FF 19_ 1) view the body after death		death accurred on the date and hou	19, that (I) (we) last r and from the causes stated
LT. # Ren		276. SIGNATURE and	ld & Lichte	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	12/18/87
MPORTAL		224. PHYSICIAN'S NAME (TYPE O	R. Richter	22e ADDRESS OAKLAN	, md.	
-		BURIAL, CREMATION, REMOVAL	1236. DATE 1236 N	O.O.F CEMPLERY	23d LOCATION ENCHIPORTEN	MINERAL WILL
/81	24 F	UNERAL DIRECTOR NAME NAME NAME NAME NAME NAME NAME NAME	SOCK KIZM	ILLER, Md. 250 DE	PREC'D. BY REGISTRAR 256. REGIST	RAR'S SIGNATURE

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and should be detached for use as the bunol-transit permit. Then please remove corbonpopers. Pagawith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

etained by the haspital or attending physician.

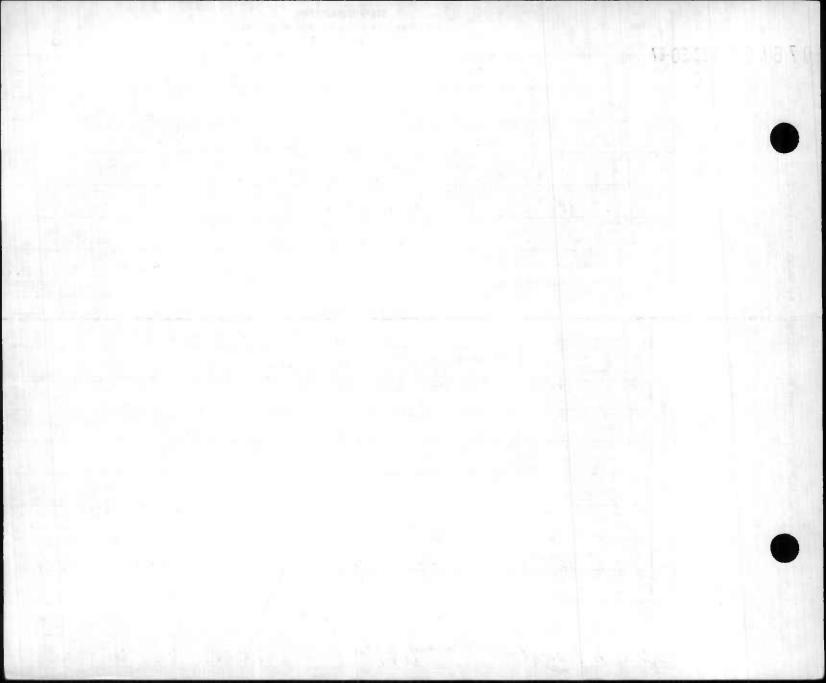
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766	0 0 000 3	1.07	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL HYC ICATE OF DEATH	SIENE 7 REG. N	3 5 8	0	3
104	deerth C O		CEASED NAME E OR PRINT)	Ola		nidole 1den		iley	2a. DATE OF DEATH	MONTH DAY	YEAR 87	26 HOUR 0050 AM
	ge 4 may ector, pag vrs after d	3. SE	x Female		4. RACE Whi	te	S. DATE C		6 AGE (IN YEARS LAST BIR	THDAY) IF UND		IF UNDER 24 HRS HOURS MIN.
	neral dir		IRTHPLACE (STATE OR COUNTRY) W. Va.		USA	WHAT COUNTRY?	WIDOWE		9. BALTIMORE CITY C Garre	tt	EATH	MD.
	by the fulled with	.Oa	ity or town of de kland		arrett	County N	ADDRESS) Memori	al Hospital	120. USUAL OCCUPAT LITTE OF WORK FOR MOST OF HOUSEWIFE	OF WORKING LIFE) IN	DUSTRY	BUSINESS OR Stic
AND 213	filled in hould be	13a.	AL RESIDENCE (* NUII STATE W. Va.	is coun res	TY	Terra A	VN	136. INSIDE CITY LIMITS? YES A NO	13e. STREET ADDRESS	Third :	St.	999
MARYL	completely and 2 st	7	James	s'	wiDDLE	Titchene]	11	15. MOTHER'S MAIDEN NA Myrtle	MIDDLE	(Grove	er
IMORE,	cate be execut yikica and co apers. Pages 1 aval. nt, the medical		WAS DECEASED EVER YES, NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	232-22-5		II. INFORMANT Elman W. Ril	addr ey 410 Lak		rra A	lta, WV
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BAITIMORE, MARYLAND 21201	requires, that the death cerrical signed by the attending p. Then please remove carbon in to burial, crematian, or reminjury, or ather traumatic ev.	NO	Conditions, if ony gove rise to im couse (o), stati underlying coust	which mediate ng the lost.		R AS A CONSEQUENCE ON TRIBUTING TO	HOP JENCE OF JULS	wall Myoca Mellitis NOT RELATED TO THE TERM			PART 110	
AL RECOI	an. has been priore priore	CERTIFICATION	19a DATE OF OPERA	TIÓN			OPERATIO	N WAS PERFORMED	20a AUTÖPSY? YES □ NO	20b. IF YES, WER IN CERTIFYING YES	CAUSES	GS USED OF DEATH? NO
N OF VIT	IYSICIAN: TI ding physicis s certificate burial-transif Mental Hygi or Item 18 \$h	MEDICAL CE	21a. ACCIDENT WAS UN OR CONTRIBUTING	CAUSE OF DEA	HOUR A.	.M. MONTH D .M.	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM IS PART I OF	R PART 2)	
OISINIG	DING PHY or ottendi After this ie os the bu alth and M marked or	WED		HILE	(AT HOME, STI	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC }	211 LOCATION STREET	CITY OR TO	IWN CC	OUNTY	STATE
	ATTEND aspital a CTOR: A d for use		22a.l certify that (I saw the decease above, (I) (we) (ed alive an	12/1	7 19		d that in (my) (our) opinion	deoth occurred on the d		from the co	
	O HOSPITAL OR stained by the ho TO FUNERAL DIRE hould be detache with the Store Dep		226 PHYSICIÁN'S N	AME (TYPE OF	APRINT)	Mill		ATTENDING PHYSICIAN [MEDICAL STA	FF _	12/12	1GNED 2-/87
	TO FUN should b	23a	Mark De		23b. DATE	73(NAME OF C	TE	erra Alta, W			
149	BP 9		(SPECIFY) Burial		12-14	-1987 Te	erra A	lta Cemetery	Terra A		Ston	W. Va.
U	(VRA 15, 4)	11	HAME HI	Work	/-	TERRA	all	R, DEC	2.8 1097	Ilia Romer	4	9.00

arthur & Wright Tenna alter,

256 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE DEC 28 1987



DHMH - 16 50M 1/81 (VRA 15, 4)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20h. IF YES. WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? YES | 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (pur) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION Preston CITY OR TOWN Shady Grove Cemetery Bruceton Mills, W. Va. burial 24 FUNERAL DIRECTOR 25e DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 105 Highland Wright Funeral Home TerraAlta

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

26 HOUR

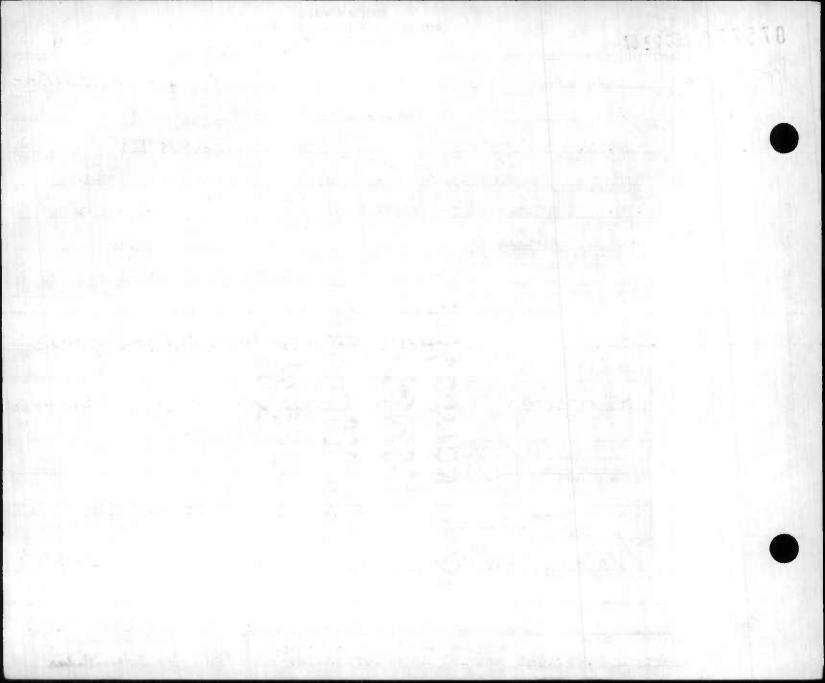
12b. KIND OF BUSINESS OR

IF UNDER I YEAR

INDUSTRY

Bo

timber



... Page 4 may be

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate

retained by the haspital ar attending physician.

BP.

(VRA 15, 4)

Arthur H.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physics should be detached for use as the burial-transit permit. Then please remove cartient permit with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Hem 21 is marked at Hem 18 shows any injury, or other traumatic event.

mpletely filed in by the funeral director, page 3 and 2 should be filed within 72 hours ofter death

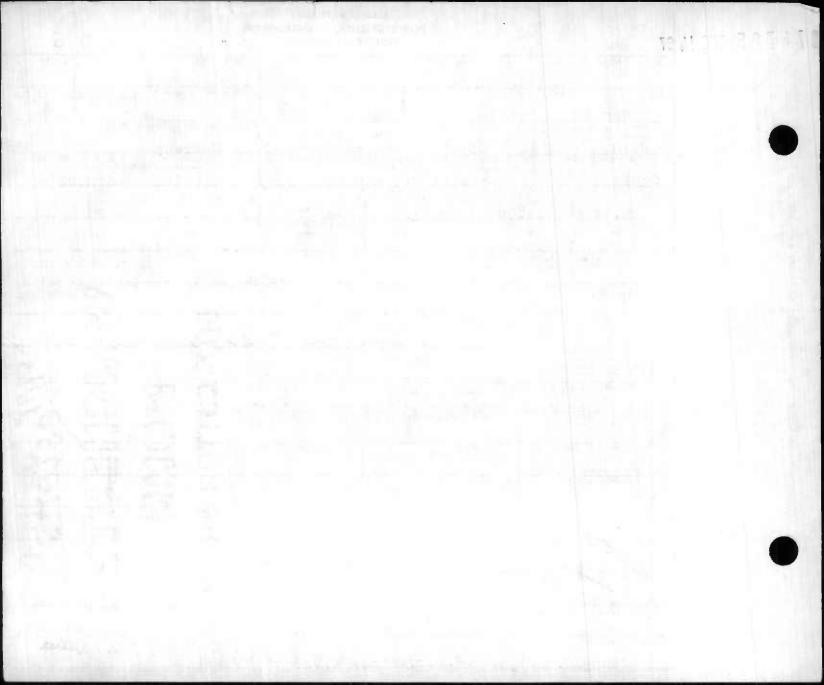
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DEPARTMENT CE

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RTIFICATE OF DEATH	- 43	1		5	3
OF HEALTH AND MENTAL H	YGIENE	-		7.0	

1-	FOR STATE	r		EALTH AND MENTAL HYG	IENE	7 7 51	0	C
57	REGISTRAR		CERTIF	FICATE OF DEATH	O F REG. N	(9) 3 m	U	2
	CEASED NAME FIRST OR PRINT)	MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY	YEAR 2	h HOUR
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3. SE)	(IV	4. RACE		OF BIRTH	6. AGE (IN YEARS LAST BIR			F UNDER 24 HRS
	fomalo	rrh i + o	MONT		70	MONTHS	S DAYS	HOURS MIN.
To BI	female RTHPLACE (STATE OR FOREIGN	white No citizen of what co	Apr	ril 3,1908	79 9. BALTIMORE CITY O	YRS.	EATH	
	OUNTRY)	I CHIZEN OF WHAT CO	MARRIE	D NEVER MARRIED	7. BALTIMORE CITT	<u> </u>	EAIH	
	W.Va.	USA	WIDOWI	A Rephile	Gares			MD
M:CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL		OR OTHER INSTITUTION	12e USUAL OCCUPAT	OF WORKING LIFE IN	b. KIND OF ! IDUSTRY	BUSINESS OR
0	akland /	Garret	t Co. Me	emorial Hosp			domes	tic
130 S	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDE	OR TOWN	113d. INSIDE CITY LIMITS?	13e. STREET ADDRESS			2000
)	12	and the second		YES A NO	R+	1	20 4	9999
14FA	THER'S NAME	Ston Terr	aAlta	15. MOTHER'S MAIDEN NA		I, BOX	7.13/	1111
1		MIDDLE	LAST	FIRST	MIDDLE		LAST	
	lmer E. Hile			Ethe				
	AS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOC	IAL SECURITY NO.	17. INFORMANT	ADDR	ress 110 Wa	ashin	aton
1	no		12-0964	Ethel Hile	eman Ter			
-				T LUCILET III I		TA ALLO	APPROXIM/	TE INTERVAL
	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	D BY:	1, (b), and (c).1	2 F. O.			BETWEEN ON	SET AND DEATH
- 0	IMMEDIA.	TE CAUSE (0)	sperale	any lave				
		DUE TO, OR AS A CO	ONSEQUENCE OF	-		100		
	Conditions, if any, which	(b) 1.	sauda	morros 1	recemon			
	gave rise to immediate cause (a), stating the) (0)						
	underlying cause last.	DUE TO, OR AS A CO	INSEQUENCE OF					
		(c)						
z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN IN	PART Ico	
CERTIFICATION	Janere	Oggan	e Br	ain degre	P.	11) 2.	(T) 4	
CA	190 DATE OF OPERATION	196 CONDITION FOR	R WHICH OPERATIO	N WAS PERFORMED	20e AUTOPSY?	206. IF YES, WER	E FINDING	S USED
TIF					YES T NOT	YES 🗆	CAU3E3 O	NO [
20	210. ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY		21c HOW INJURY OCCURE			R PART 2)	
	OR CONTRIBUTING CAUSE OF DE		TH DAY YEAR		, , , , , , , , , , , , , , , , , , , ,			
CA	(IF EITHER, NOTIFY MEDICAL EXAMINED		19					
MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJUR'		211 LOCATION STREET	CITY OR TO	OWN C	OUNTY	STATE
>	AT WORK	The mone, since i, i across	i, direc, ram, cre j					
	22a.1 certify that (1) (this haspi	ital) attended the decease	d from	, 19	, to		, th	ot (I) (we) last
	sow the deceased alive an			nd that in (my) (our) opinion	death occurred on the d	date and hour and	from the co	uses stated
24	abave, (I) (we) (did) (did no	it) view the body ofter deat	th	DEGREE		11	22c DATE SI	CNED
	in suggest			ATTENDING	_MEDICAL STA		/ C	C- C
	11/1000	1/2-	men 1 h	PHYSICIAN	PHYSI		2-	7-81
4	174 PHYSICIANEPNAME TOME	SANTI)		22e. ADDRESS				
23.0	URIAL, CREMATION, REMOVAL	236. DATE	1234 NAME OF	EMETERY OR CREMATORY	23d LOCATION			
	SPECIFY)				CITY OR TOWN	cour		STATE
	Burial	12-7-87	TerraA	1ta Cem.		lta, Pre		,W.Va.
24 FL	INERAL DIRECTOR		ADDRESS	0.00	E REC'D. BY REGISTRAR	R 26 REGISTRANS	SIGNATUR	Sale.
	Arthur H. W			a. W. Va DEC	1 0 1987	Julia Dalla	m.s	

Wright F.H. TerraAlta,



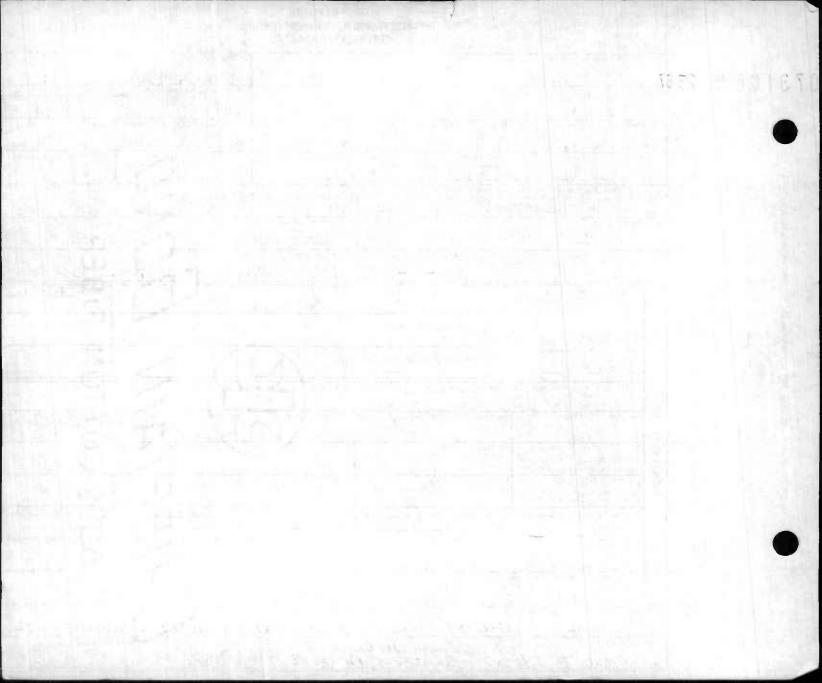
STATE OF	MARYLAND
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	1 -	FOR STATE REGISTRAR	Grace Sutherland Nov 9, 1987 1:30 IA Ie White Sude of Brith Now Mile Nove 1 1881 Nove 1 1						
7			WIDDIE	L/	AST			YEAR	26 HOUR
· d	7	Grace	H	Suthe	rland	Nov 9.	1987		1:30BM
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0		Female	White			106	0.000	DATS	HOURS MIN
Ш		RTHPLACE ISTATE OR FOREIGN DUNTRY)	76. CITIZEN OF WHAT COUN	VIRY? &	NEVER MARRIED [9 BALTIMORE CITY C	R COUNTY OF D	EATH	
B	Sa	alisbury, Pa	USA			Garrett	County		MD.
0		rantsville	I'M NOT IN SUCH FACILITY, GIVE	STREET ADDRESS)		ITYPE OF WORK FOR MOST O	DE WORKING LIFET IN		BUSINESS OR
3	13a S	TATE IN SOUN	NTY 13c. CITY_OF	RIOWN	0.00		St	99	999
20	DEFA	ther's name Calvin	Middle Hay	ST	ENDCY	MIDDLE		Tore	
2				L SECURITY NO.					
2		No		28-7045	Dixie M Ot	to Sprin	gs, Pa.		
		Canditions, if any, which gave rise to immediate couse (o), stating the underlying cause last.	CRAINCHIER OF DEATH STATE THE STATE OF DEATH STATE OF SETTING THE STATE OF SETTING STATE OF SETTING THE STATE OF SETTING STATE OF S						
1	CERTIFICATION	generalize			N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WEI	REFINDING	GS USED
6	TIFIC	-				YES NOTE		CAUSES	
2		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	ATH HOUR A.M. MONT		21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 O	R PART 2)	
	MEDICAD	ZIG INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C	OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TO	wn co	YTAUC	STATE
	-036			_19, an	d that in (my) (aun) apinian o	MEDICAL STA	.FF	fram the c	ouses stated
1		228. PHYSICIAN'S NAME (TYPE O	Atwell, I	10,0,		DIRECTOR PHYSIC	(15:	558	0/8/
	230 B	URIAL, CREMATION, REMOVAL				CITY OR TOWN			(1
	0	UNERAL DIRECTOR	ADDRI	ESS 101 GA	ANT ST 250 DATE		256. REGISTRAR'S	SIGNATU	JRE
	6.1	171 1240 1- 11	TOTAL CARACT	SIDURY,	4 17336 10	4 1 130/	round, distr	dame	andres.

DHMH-16 60M 1/73

(VRA 15 (4))



STATE OF MARYLAND

	1-	FOR STATE		DEPARTM			IENE 9	3 5	M (17	
	97	REGISTRAR					REG. NO). 4		-40	
		CEASED NAME FIRST		NDDLE	·	AST	2a. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR	
		Mabel	G1	adys				/		530 P _M	
	3 SEX		4 RACE				6. AGE (IN YEARS LAST BIR			IF UNDER 24 HRS HOURS MIN.	
		Female	Whi	te			85	YRS.			
9	7a. Bit	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF V	WHAT COUNTRY?	8 AAA DDIE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH		
3		nnsylvania	US	A			Garret	t		MD,	
10 CITY OR TOWN OF DEATH 11. NAME OF HOS				OSPITAL, NURSIN	OSPITAL, NURSING HOME OR OTHER INSTITUTION ACILITY, GIVE STREET ADDRESS)					F BUSINESS OR	
		Oakland		h Third S						me	
1		AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION,	GIVE RESIDENCE BEFORE	ADMISSION)						
5	1,20,-5	MD Ga	rrett	13c. CITY OR TOWN					. 2	1550	
2	14. FA	THER'S NAME					ΛĒ				
)		Walter In	ra Ba	artholome		FIRST 011:		1			
4	16n V	VAS DECEASED EVER IN U.S. AF		16b. SOCIAL SECUI				ss	vansı	CKIE	
			VE WAR OR DATES)	219-46-2	S. DATE OF BIRTH						
		10 CALISE OF DEATH (Feter of	alu ant sauca par			7	7			MATE INTERNAL	
		PART I. DEATH WAS CAUSED BY:									
		IMMEDIA	TE CAUSE (0)	Record	XACC		- June		C. C. C. C.	114121	
		DUE TO, OR AS A DONS FOUR CE OF									
2		Canditions, if ony, which gave rise to immediate									
		cause (o), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF									
Н		DARK O CALLED CHOUSE CALLE	(lc)					2171011011011	D I D I D I		
	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS <u>CC</u>	NIKIBUTING TO D	EATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR CON	JITION GIVEN	IN PARI 110	,	
25	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, W	ERE FINDIN	IGS USED	
2	FIC						VES ET NOTA				
2	ERT	TIO ACCIDENT WAS UNDERLYING	7 216 TIME OF	FINJURY		21c HOW INJURY OCCURR		_		140	
0	A	OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.A	M. MONTH DA			, , , , , , , , , , , , , , , , , , , ,				
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	P.A. PLACE C		19	211 LOCATION					
	ME	WHILE O NOT WHILE O		EET, FACTORY, OFFICE, FA	ARM, ETC)		CITY OR TO	WN	COUNTY	STATE	
6		AT WORK				1/25					
9		22a. I certify that (I) (this hasp saw the deceased alive or	/11 0)	d that is (my) (our) opinion of		, 19_			
		obove, (I) (we) (did) (did no	at) view the body	after death.	/		seam occorred an the de	ire and nour on			
		22b. SIGNATURE	111	Co.	1.		MEDICAL STAL	FF	12. DATE	2 - P	
1		12/10	ucu	ice of	10	PHYSICIAN L			11	26-0/	
1		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS					
		Dr. Andrew	E. Manc					21550)		
		BURIAL, CREMATION, REMOVAL					CITY OR TOWN	C(YTHUC	STATE	
		burial	12/8	/87 Gar	rett				t, Ma	ryland	
		UNERAL DIRECTOR		ADDRESS			REC'D. BY REGISTRAR			URE	
	Br	adley A. Stewa	rt Oak	land, Mar	yland	2 1550 UEL	10 1987	fresse vail	don		

DHMH - 16 60M 7/84 (VRA 15, 4)

23a BURIAL CREMATION REMOVAL

Buria!

24 FUNERAL DIRECTOR

23b. DATE

FOR

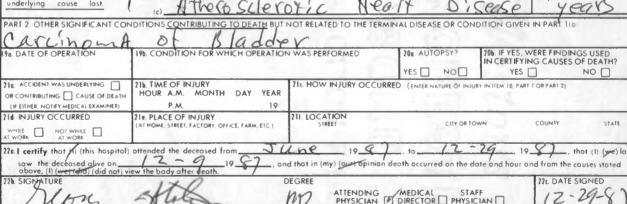
STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 20 DATE OF DEATH 2h HOUR Weimer E. 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR Mar 26, DAY 1911 76 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17h KIND OF BUSINESS OR 12a USUAL OCCUPATION odwill Mennonite Home Retired RRWor RD 3 Meyersda Meyersdale 13d INSIDE CITY LIMITS? YES [] NO PI 15 MOTHER'S MAIDEN NAME "Linda MIDDLE Weimer Christner ADDRESS 16b. SOCIAL SECURITY NO 17 INFORMANT 705-12-541 Shirley Paul RD 3 Meyersdale, Pa. NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES T NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 211 LOCATION CITY OF TOWN COUNTY STATE

250 DATE REC'D. BY REGISTRAR 256.

Pa.

Meyersdale



22e. ADDRESS

231. NAME OF CEMETERY OR CREMATORY

MEYERS DALE PA

ST Marv's Ceme

DHMH - 16 50M 1/8 (VRA 15, 4)

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DHMH - 17 (VR A15 ME (5))

Burial /12/18/87

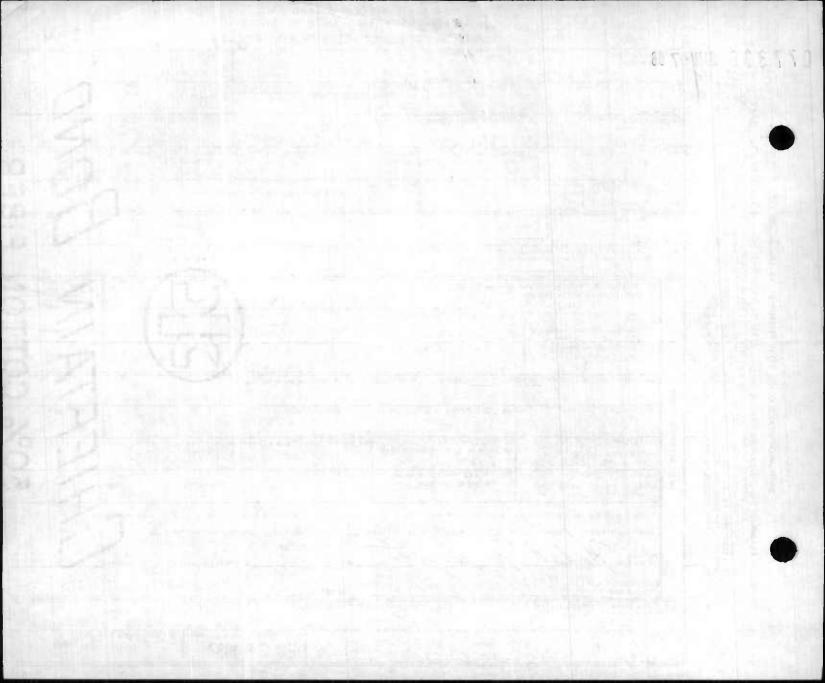
23d LOCATION Pleasant Valley Cemetery Oakland

Durst Funeral Home - Oakland, Md. 21550

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er P. Campbell - Calibrid, M. 21550	1-1967 Valt	216-1	o'f

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STATE OF MARYLAND



moy

es that the death certificate be executed within 24 hours after death. Page

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.

al director, page 3 CD

STATE OF MARYLAND

Oakland, Maryland

FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DEC. NO	3	5	8	1	1
DEC NO	-				

22 07	REGISTRAR			•	CERTII	FICATE OF DEATH	O / REG	3. NO.	3 3	i	L
	CEASED NAME	FIRST		WIDDLE		LAST	20. DATE OF DEAT	H MONTH	DAY Y	AR 2b HC	DUR
1		bara	Baw	ell '	YODER		December	: 11,	1987	90	00 P
3. SE	х		4 RACE			OF BIRTH	6. AGE (IN YEARS LA	T BIRTHDAY)	IF UNDER 1	YEAR IF UND	DER 24 HR
	Female		Whi	te	Dec		72	YR		DATS HOURS	` MI
	IRTHPLACE (STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUNTRY	B.	D A NEVER MARRIED	9. BALTIMORE CI			H	
	nnsylvania	3	U	SA	WIDOW		Gari	ett			,
10 C	ITY OR TOWN OF DE	ATH		HOSPITAL, NURS I		OR OTHER INSTITUTION	120 USUAL OCCU			ND OF BUSI	NESS (
and.	Oakland	3		#2, Box			Homemake			Home	
USU 13e	AL RESIDENCE (IF NUR	13b. COUN		GIVE RESIDENCE BEFOR		113d. INSIDE CITY LIMITS?	13e. STREET ADDRE	22			
	MD		rett	Oakla		YES NO	Route #2		19	215	550
14. F.	ATHER'S NAME		WIDDLE	LAST		15. MOTHER'S MAIDEN NA					
	Samuel			Peight		Rachel	MIDE		Bawe	11	
	WAS DECEASED EVER			166. SOCIAL SEC	URITY NO.	17. INFORMANT	Al	DRESS			
1 '	YES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	218-54-	1770	Mr. John N.	Yoder, Se	e #13	above		
	18 CAUSE OF DEAT	H (Enter on	ly one cause per	line for (a), (b), a	nd (c),)					PPROXIMATE IN	TERVAL ND DEA
	18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Voutricular from llation									Sudden	
	Conditions, if any, which ((b) Severe atheroscless; 5 Years										
	Conditions, if any		(b)	sever	e al	heroscleso	5.5			Years	
	couse (a), statu underlying cause	ng the	DUE TO, O	R AS A CONSEQU		Pes melli	-1				
			(c)		lies					Years	
NO O	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
CERTIFICATION	190 DATE OF OPERA	TION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF	YES, WERE F	INDINGS US	ED
1 =							YES NO		YES 🗌	NO	
T W	210, ACCIDENT WAS UN		21b. TIME C	OF INJURY .M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM	18 PART 1 OR PAR	RT 2)	
1	OR CONTRIBUTING		NIH	м.	19						
MEDICAL	21d. INJURY OCCUR	RED		OF INJURY REET, FACTORY, OFFICE.	SARA SIC)	21E LOCATION	CITY	OR TOWN	COUN	TY	STATE
>	AT WORK NOT W	HILE	(A) NOME, SI	REEF, FACTOR I, OFFICE,	TARM. ETC.)			4			
	220.1 certify that (1)	(this hospi	tal) attended th	ne deceased fram.	7.5	/913 19	, to	Decl	1, 1987	, that (I)	(we) f
	sow the deceas above, (I) (we) (ed alive on	t) view the bady	ec. 5 19	87.0	nd that in (my) (our) opinion	death occurred on t	ne date and	hour and from	n the causes	stated
	226. SIGNATURE	n.		2 6 (/	DEGREE			22c. [DATE SIGNE	D
	/ /	in	gare	s a K	aux	ATTENDING PHYSICIAN	MEDICAL DIRECTOR PH	STAFF YSICIAN []	1:	2/12	18.
7	22d. PHYSICIAN'S N	AME (TYPE				22e. ADDRESS	Y-3 64		0 1	1	
	Marg	garet	K	A156R		311 N	4 B St	3 4	Juli	and.	W
	BURIAL, CREMATION,	REMOVAL	23b. DATE	23c.	NAME OF	EMETERY OR CREMATORY	23d LOCATION	/N	COUNTY		STAFE
	buria	1	12/15	/87 S1	aubau	gh Cemetery	Oakland	l, Gar			ad
24 F	UNERAL DIRECTOR			ADDRESS		25e. DAT	E REC'D. BY REGIST	RAR 25b. REC	STORY IN	0.075	
Br	adley A. S	Stewar	t Oak	land, Mar	yland	21550	2 1 198/	falla.	Devider	· Kradal	No.

DHMH - 16 50M 1/B1 (VRA 15, 4)

Bradley A. Stewart

BP.

